

Name
in
Full

Wm. Allison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lloyds</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small>		<u>Aug</u> <small>Day</small>		<u>28th</u> <small>Years</small>	
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>England - Salvador Co.</u>	
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>Lloyds</u>			
Married, Single or <u>Widowed</u>		Name of Wife or Husband <u>Magge</u>			
Fether's Name <u> </u>		Father's Birthplace <u> </u>			
Mother's Maiden Name <u> </u>		Mother's Birthplace <u> </u>			
Name of person giving In formation <u>Viè Beel</u>		How related to deceased <u>Son in law</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>(66)</u>
Immediate <u>Heart Failure</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. E Wolff.</u>
	Address <u>Cambridge, Md.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

R. C. Armstrong

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Lutkins</i> Town		<i>Dorchester</i> County			
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>30</i>	Age <i>30</i>	Years <i>0</i>	Months <i>0</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Dorchester</i>		
Occupation			Where Residing if not at place of death <i>Salem</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>R. H. Armstrong</i>				
Father's Name <i>Albert Strawberry</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Theraphenia Miles</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>R. H. Armstrong</i>			How related to deceased <i>Widower</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>3 Months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Thirion</i>
	Address <i>Lutkins</i>
Accident or Suicide?	<i>Ma</i>



Name
in
Full

Thomas E. Clifton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *E. N. Market* Town*Dorchester* CountyDate of death *1906 Aug 6* Month DayAge *1* YearsMonths *5*

Days

Sex *male*Color or Race *white*Birth-place *E. N. Market Md*Occupation *Infant*Where Residing if not at place of death *E. N. Market, Md*

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Wm L. Clifton*Father's Birthplace *E. N. Market Md*Mother's Maiden Name *Mamie Short*Mother's Birthplace *Leidwood Md*Name of person giving information *Wm L. Clifton*How related to deceased *Father*

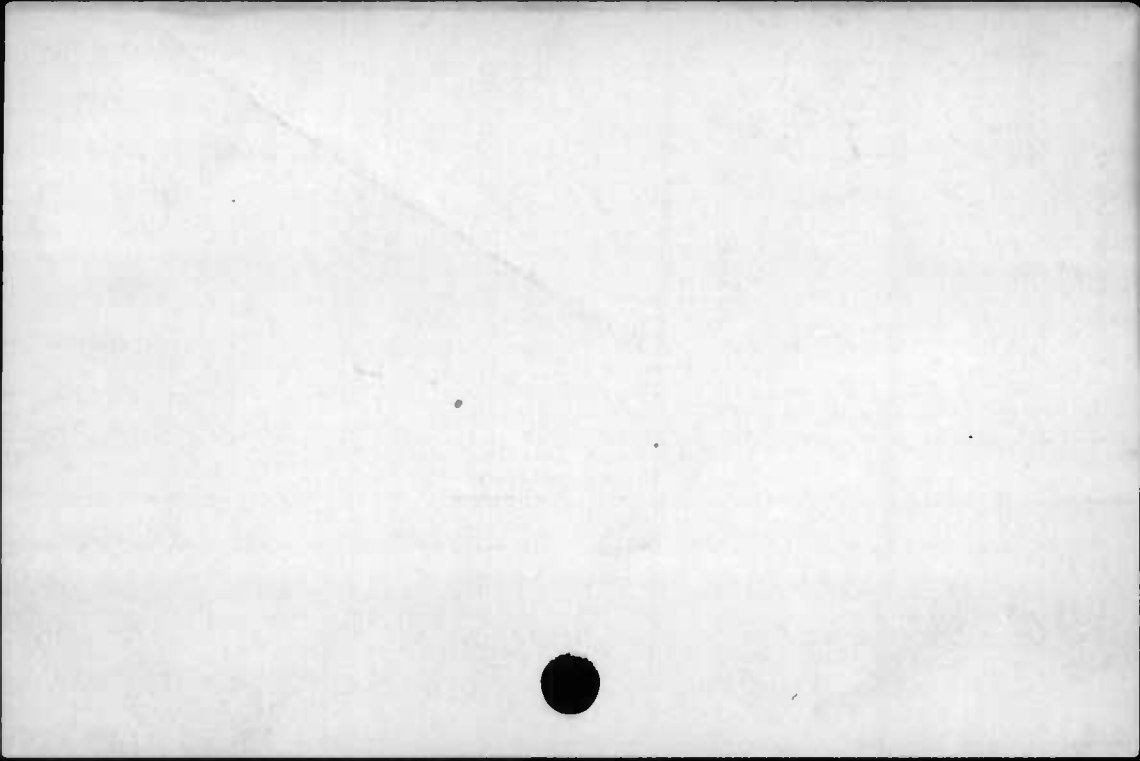
CAUSES OF DEATH

Primary *Cholera Infantum*How long *9 days*Immediate *Cardiac asthma*

How long

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Edward L. Jones*Address *E. N. Market, Md.*PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

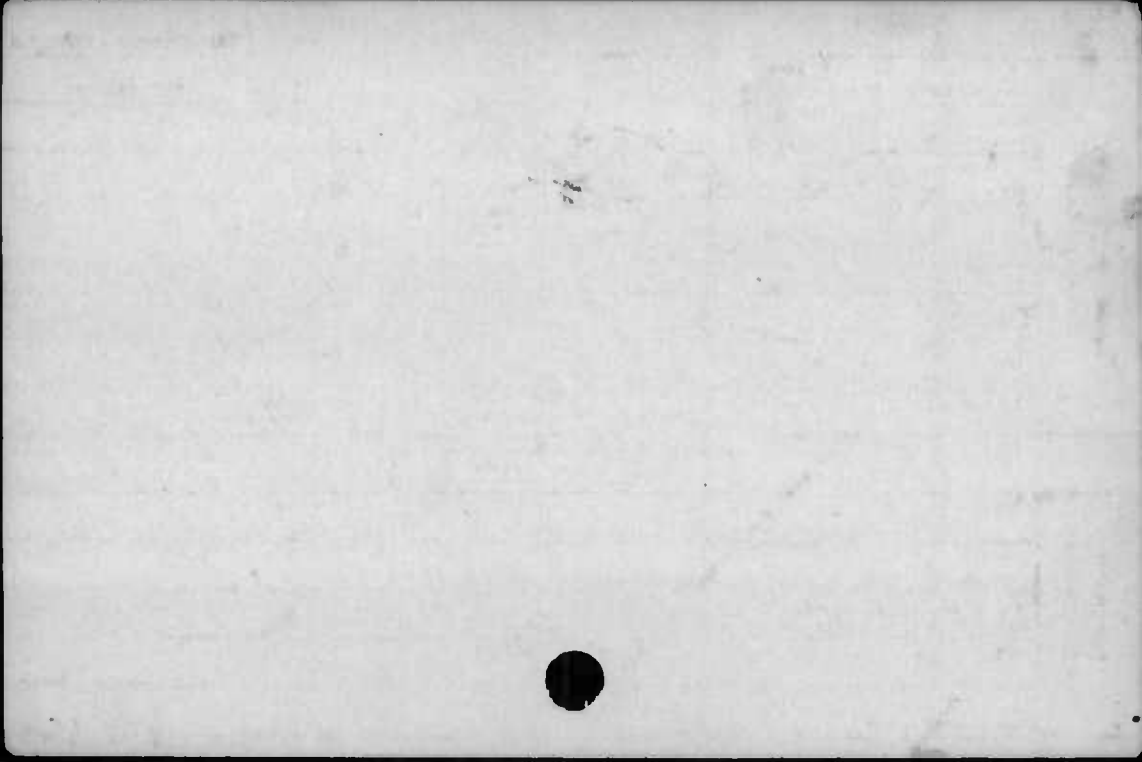
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> Town		<i>Worth</i> County		MARYLAND		
Date of death <i>1906</i>	Month <i>Apr</i>	Day <i>18</i>	Age	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Cambridge Md</i>			
Occupation <i>child</i>			Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband				
Father's Name <i>M. Brown</i>			Father's Birthplace <i>Md</i>			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information <i>Dr. John M. ...</i>			How related to deceased <i>son</i>			

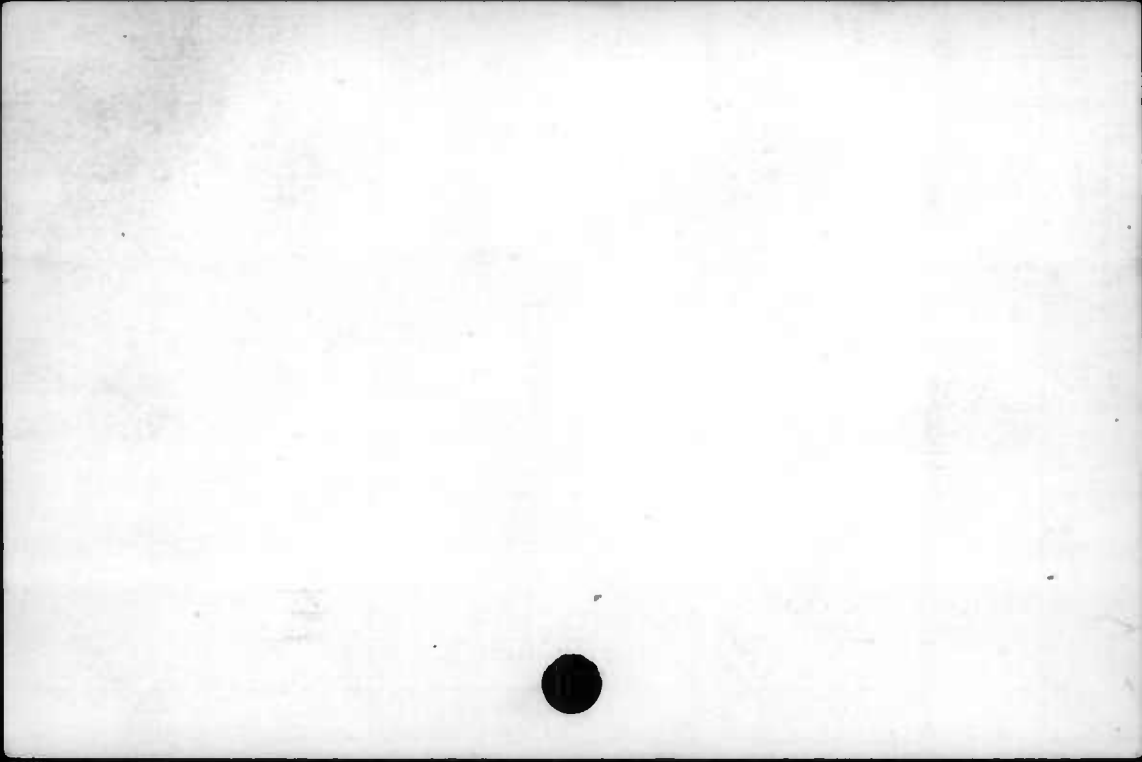
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Prostration</i>	How long <i>about 1 hour</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John M. ...</i>
	Address <i>Cambridge Md</i>
Accident or Suicide? <i>no</i>	



Name in Full		Susie Bonoway				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Havkeye</i>		County <i>Dor.</i>		MARYLAND
	Date of death	1906	Month	Aug	Day	15	Age
			Years		3		Months
					0		Days
					3		
	Sex	<i>Female</i>		Color or Race	<i>black</i>		Birth-place
					<i>Salem Md</i>		
Occupation				Where Residing if not at place of death <i>Havkeye Md</i>			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		<i>Herman Conway</i>				Father's Birthplace	
						<i>Salem, Md.</i>	
Mother's Maiden Name		<i>Mild Mutter</i>				Mother's Birthplace	
						<i>Salem, Md</i>	
Name of person giving information		<i>Herman Conway</i>				How related to deceased	
						<i>Father</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<i>Tuberculosis</i>		How long		
					<i>8 mos</i>		
	Immediate		<i>Pertussis</i>		How long		
					<i>8 weeks</i>		
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician		
				<i>Edward L Jones</i>			
				Address			
				<i>E. H. Morken, Md</i>			
Accident or Suicide?							



Name
in
Full

George W. Cornish

14

CERTIFICATE OF DEATH

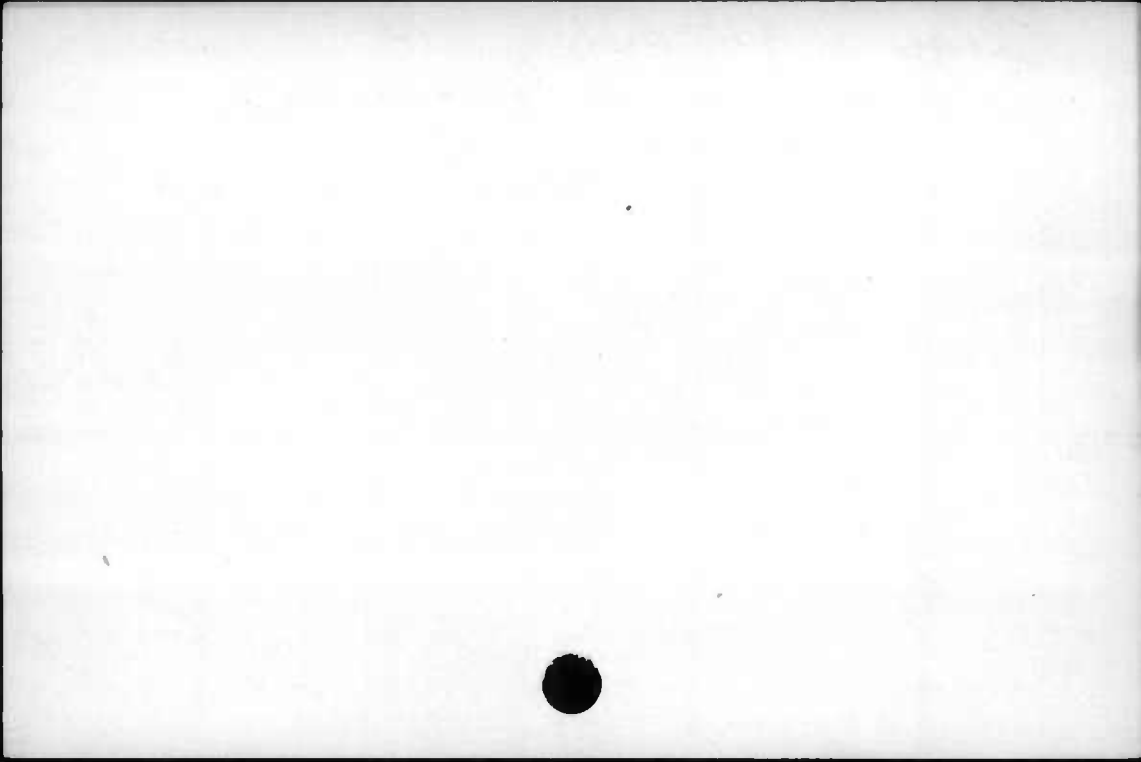
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Camden</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	1906	Month	Aug	Day	15
		Age	29	Years	
Sex	Male	Color or Race	Black	Birth-place	Dorchester Md
Occupation	Cook.	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Unknown				Father's Birthplace
Mother's Maiden Name	Mary Cornish				Mother's Birthplace Dorchester, Md
Name of person giving information	Jm W & Spence				How related to deceased Not at all

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhoid Fever</u>	How long	<u>6 weeks</u>
Immediate	<u>Cholera</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician	<u>Dr. E. L.aborr</u>
		Address	<u>Camden, Md</u>
Accident or Suicide?			



Name
in
Full

Annie S. Dean

CERTIFICATE OF DEATH

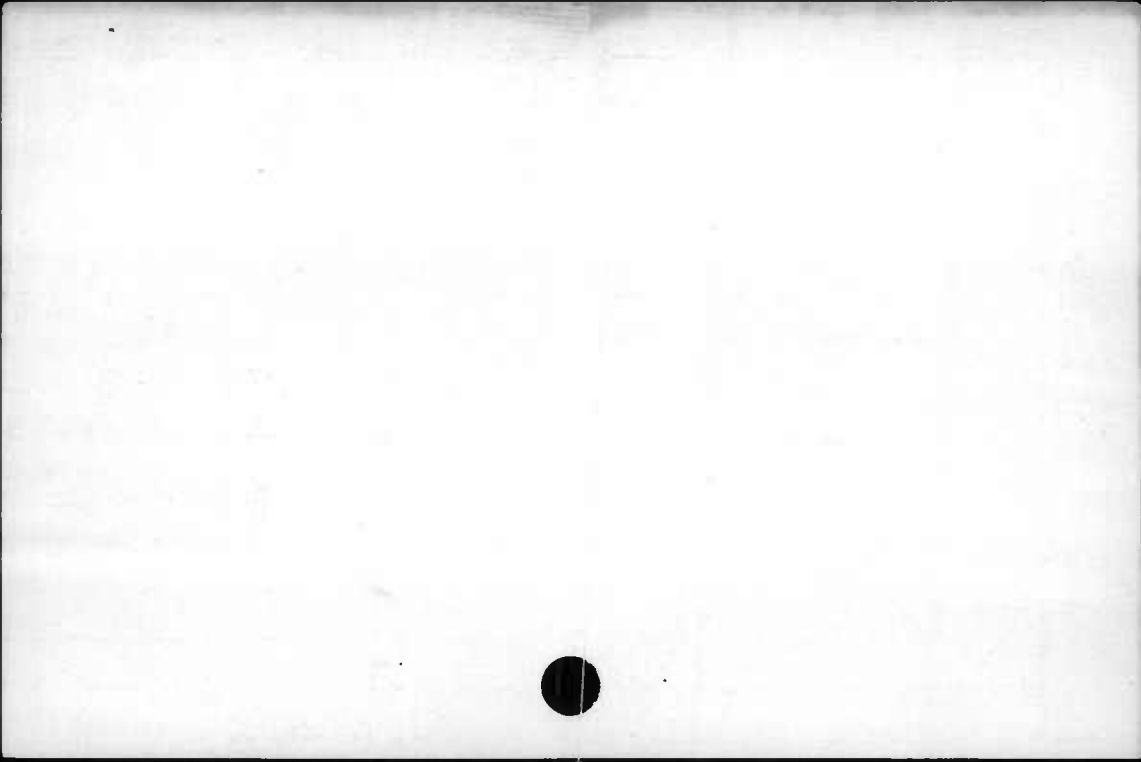
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Taylor's Island</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death <i>1906 Aug.</i>		Month <i>21</i>		Day <i>22</i>		Age <i>4</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ma</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing If not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John S. Dean</i>		Father's Birthplace <i>Ma.</i>					
Mother's Maiden Name <i>Martha E. Meekins</i>		Mother's Birthplace <i>Ma</i>					
Name of person giving information <i>John S. Dean</i>		How related to deceased <i>Father</i>					

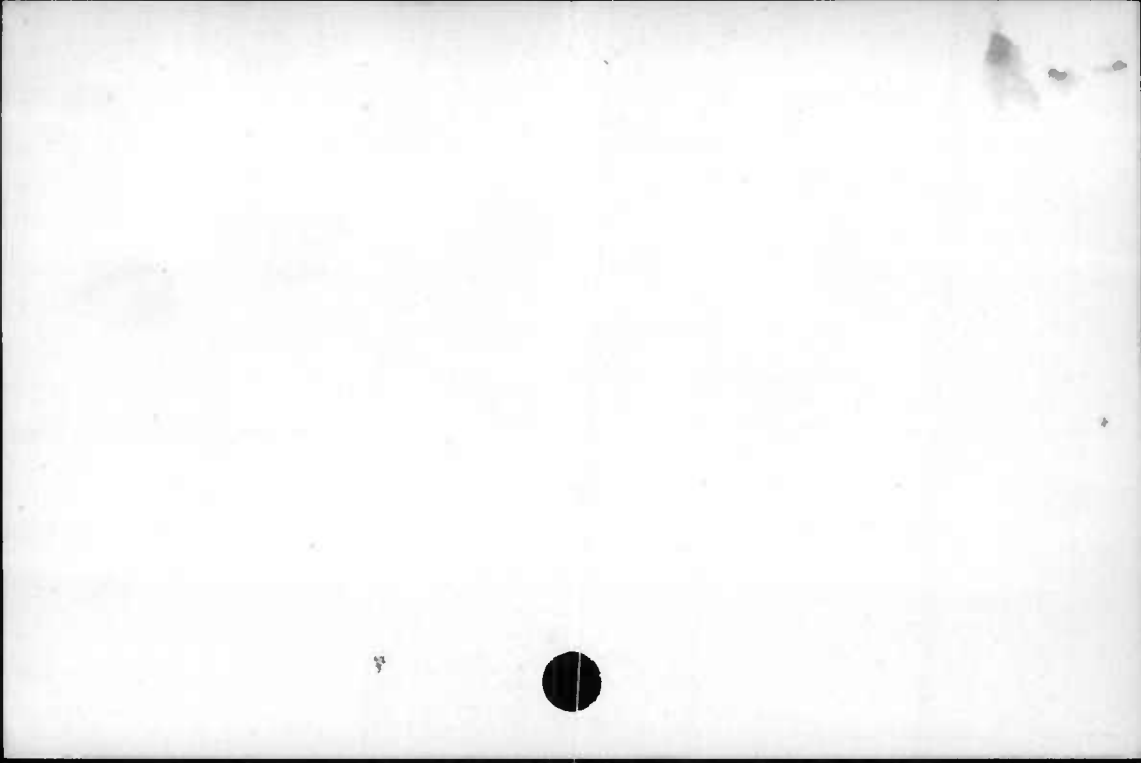
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis (Epileptic)</i>	How long	<i>2 weeks</i>
Immediate	<i>Hypostatic Pneumonia</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jon. B. Shriver Jr.</i>	
		Address <i>Taylor's Island</i>	
Accident or Suicide? <i>—</i>		<i>Ma.</i>	



Name in Full		Martha Demby						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Tama Oil		County		Dorchester		MARYLAND	
	Date of death		1906	Month 8	Day 25	Age	Years 28	Months	Days	
	Sex		Female		Color or Race		Black		Birth-place	
	Occupation		H.W.		Where Residing if not at place of death		—		County	
	Married, Single or Widowed		Married		Name of Husband		Wallin Demby		County	
	Father's Name		Geo Campbell		Father's Birthplace		County		County	
	Mother's Maiden Name		Francis Stanley		Mother's Birthplace		"		"	
Name of person giving information		W. J. Parker		How related to deceased		None				
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		Tuberculosis				How long		2 yrs	
	Immediate		Exhaustion				How long		—	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr. Profenmacher			
					Address		Tama			
	Accident or Suicide?		—				M.D.			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Vienna</i> Town		<i>Dorchester</i> County		MARYLAND
	Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>20</i>	Age	Years Months Days
	Sex <i>male</i>	Color or Race		Birth-place	<i>County</i>
	Occupation <i>Child</i>		Where Residing If not at place of death		
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		
	Father's Name <i>Henry Dennis</i>		Father's Birthplace <i>Ind</i>		
	Mother's Maiden Name <i>dead dont know</i>		Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Aaron Hollis</i>		How related to deceased <i>none</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Enteric Colitis</i>	<i>105</i>		How long	<i>2 weeks</i>
	Immediate <i>inmanitoxic</i>			How long	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>G. Broten</i>		
			Address <i>Vienna Ind</i>		
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

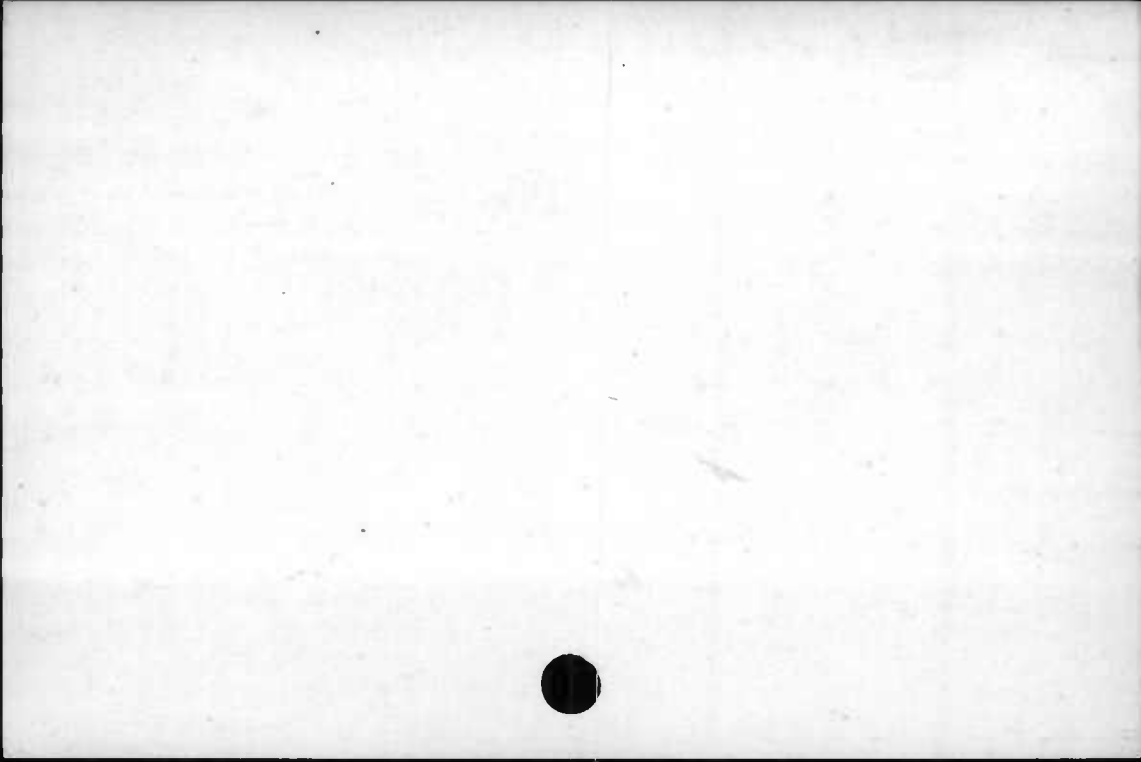
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Emma Francis Fisher</i>		Town <i>Fishing Creek</i>		County <i>Dorchester</i>		State <i>MARYLAND</i>	
Died at <i>Fishing Creek</i>		Date of death <i>1906 Aug 1</i>		Age <i>4 2/3</i>		Months <i>10</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Wisconsin Co.</i>		Days <i>15</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Chas. H. Fisher</i>					
Father's Name <i>Do not know</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Frances Robinson</i>		Mother's Birthplace <i>Wisconsin Co.</i>					
Name of person giving information <i>Chas. H. Fisher</i>		How related to deceased <i>husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic interstitial nephritis. Urinary Stasis</i>	How long <i>Do not know.</i>
Immediate <i>Gastro-enteritis. Heart failure</i>	How long <i>1 week</i>
Are the name, sex, color, date and place correctly given above? <i>yes. except age.</i>	Signature of Physician <i>W. B. Houtatory and</i>
	Address <i>Fishing Creek Flud</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Hicks (Infant)

Town *Williamsburg* County *Dorchester*

Died at *Williamsburg*

Date of death 1906 *8* Month *27* Day *1* Year Months *2* Days

Sex *Male* Color or Race *White* Birth-place *Mr*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *W. S. Hicks* Father's Birthplace *Mo*

Mother's Maiden Name *Minnie Linger* Mother's Birthplace *Mo*

Name of person giving information *W. S. Hicks* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Deer killed* How long *179*

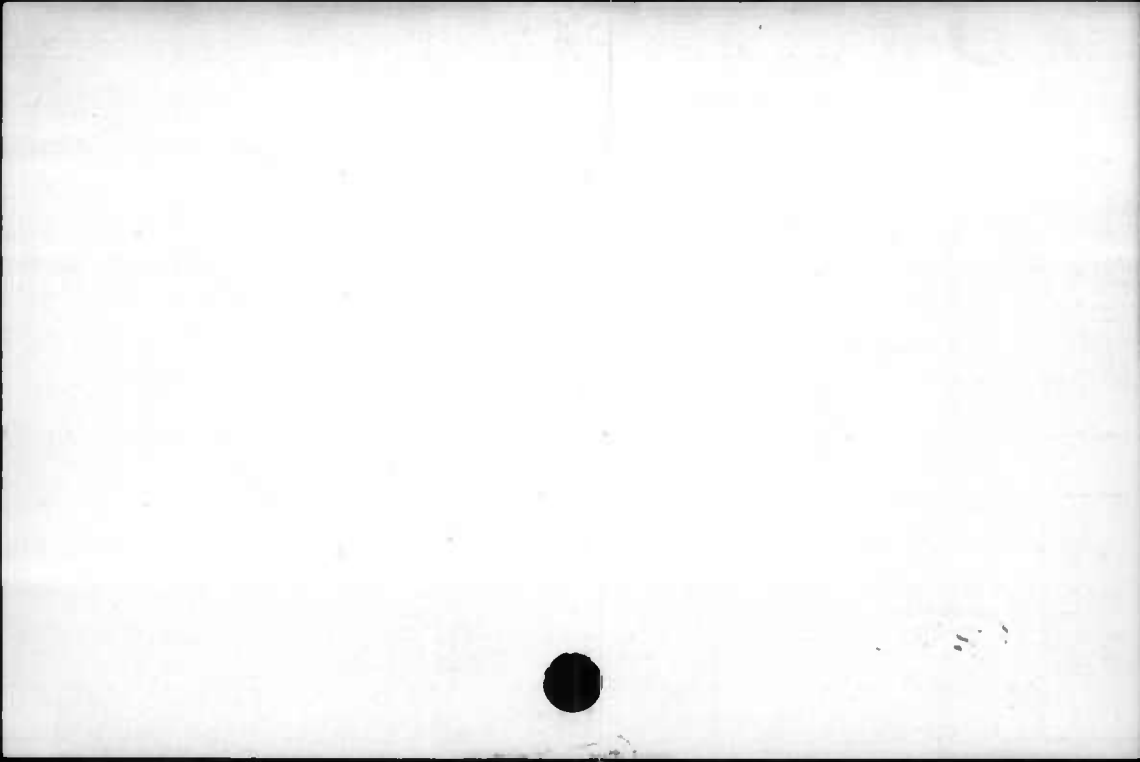
Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? ☒

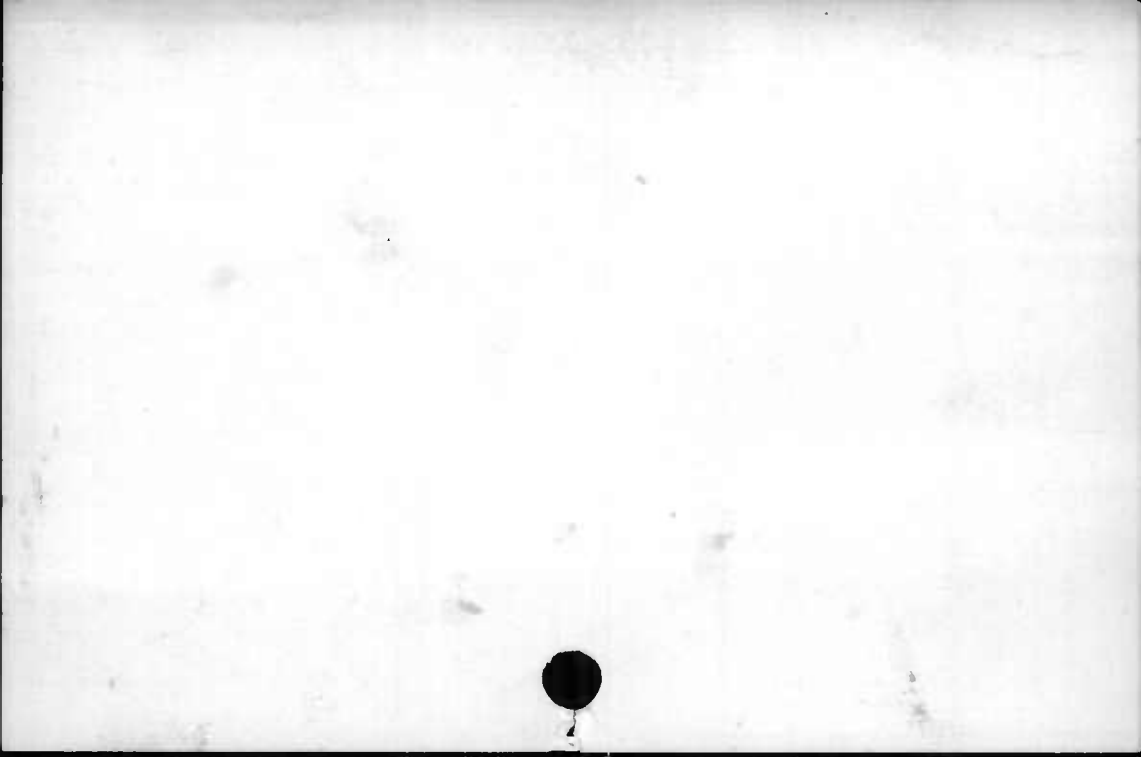
Signature of Physician *Raymond Sawyer*

Address _____

Accident or Suicide? ☒



Name in Full		10				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Marlborough		County Dorchester		MARYLAND
	Date of death		1906	Month Aug.	Day 12	Years 86	Months Days
	Sex		Male		Color or Race White		Birthplace Germany
	Occupation Farmer				Where Residing if not at place of death Marlborough		
	Married, Single or Widowed		Widower		Name of Wife or Husband Charlotte Hooge		
	Father's Name					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
	Name of person giving information Mrs Rosalind Viry					How related to deceased Granddaughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Old age			How long	
	Immediate		E. Leunker			How long Some days	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician D. M. G. L. [Signature]			
				Address Cauling Ma			
	Accident or Suicide?						



Name
in
Full

Robert Jackson 19

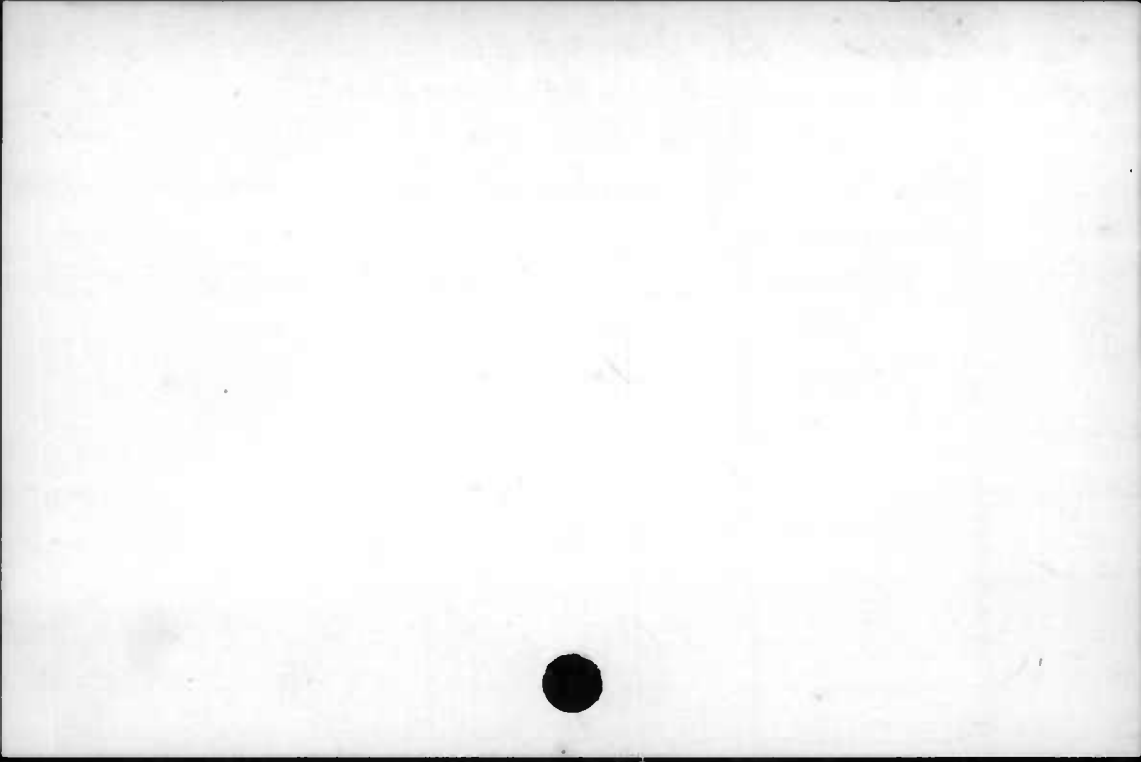
CERTIFICATE OF DEATH

Died at <i>near Aries</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>8</i>		Day <i>23</i>		Age <i>36</i>	
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>Ma</i>		Months <i>—</i>	
Occupation <i>Engineer</i>		Where Residing if not at place of death <i>near Aries</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Hester Jackson</i>					
Father's Name <i>Stephen Jackson</i>		Father's Birthplace <i>Ma</i>					
Mother's Maiden Name <i>Rachel Stanley</i>		Mother's Birthplace <i>Ma</i>					
Name of person giving information <i>Robert Brown</i>		How related to deceased <i>Friend</i>					

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Run over by traction engine</i>	How long
	Immediate <i>Laceration of organs & intestines</i>	How long <i>a few minutes</i>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Samuel Smith</i>
	Address <i>Cambridge Md</i>	
Accident or suicide? <i>not seen by any physician</i>		



Name
in
Full

Rufus H. Jarmann

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died ~~near~~ Church Creek Dorchester

Date

Month

Day

Years

Months

Days

of death 1906

August

11th

Age

53

Sex

Male

Color or
Race

Col.

Birth-
place

Berlin, Dorchester Co. Md.

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Sarah Hughes

Father's
Name

Don't know

Father's
BirthplaceMother's
Maiden Name

Sarah Jarmann

Mother's
Birthplace

Berlin, Dorchester Co. Md.

Name of person giving
In formation

Sarah Jarmann

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Interstitial Nephritis

How long

2 or 3 yrs

Immediate

Don't know

How long

Are the name, age, sex, color, date
and place correctly given above?

Probably

Signature of
Physician

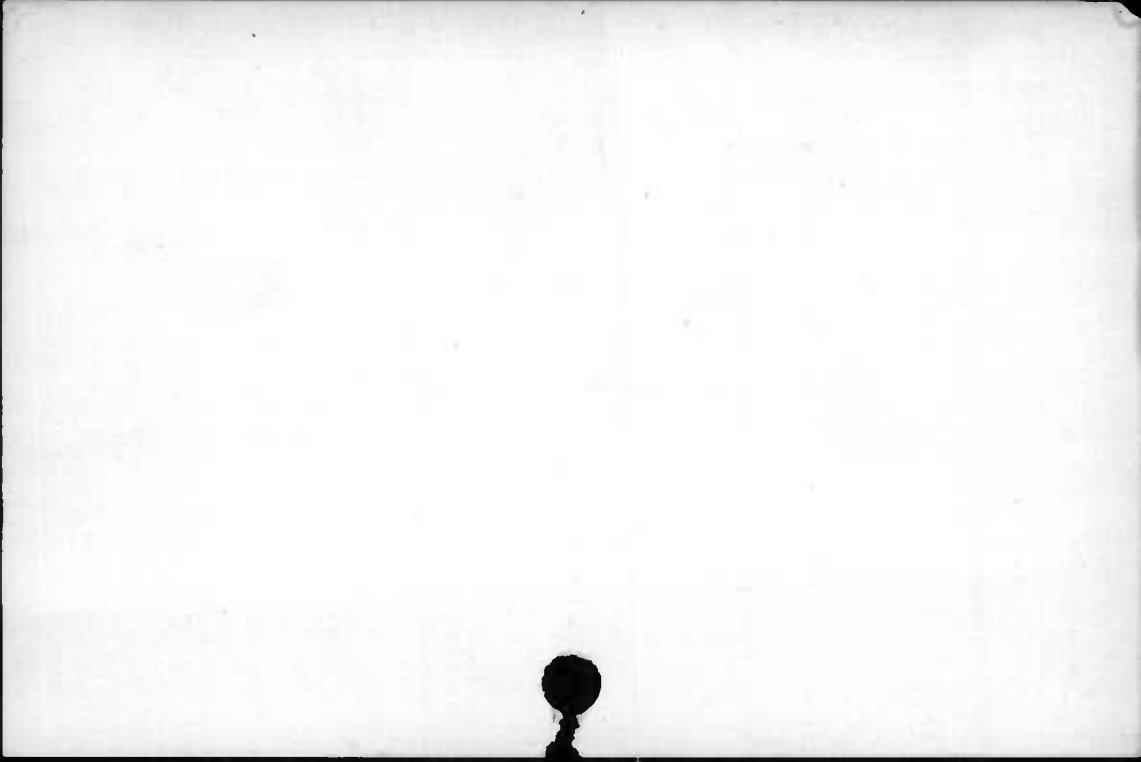
R. L. Linnemann M.D.

Address

Church Creek, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Andrew W. Jew

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Blackwater

Dorchester

Date

of death

1900 Aug.

Day

19

Age

Years

Months

11

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Maryland

Occupation

child

Where Residing if not
at place of death

Blackwater

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Wm J. Camper

Father's
Birthplace

Maryland

Mother's
Maiden Name

Priscilla Jew

Mother's
BirthplaceName of person giving
Information

Wm J. Camper

How related
to deceased

Father

CAUSES OF DEATH

Primary

Bleeders Infantum

How long

105

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

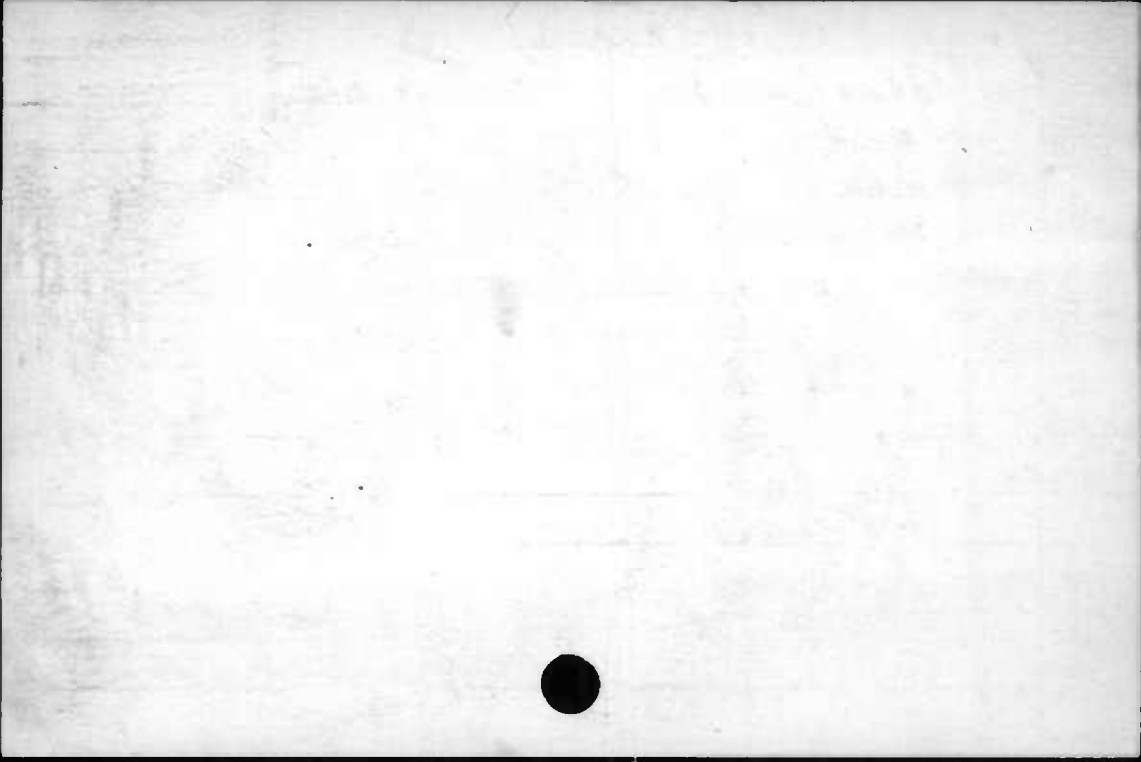
E. E. Wolff

Address

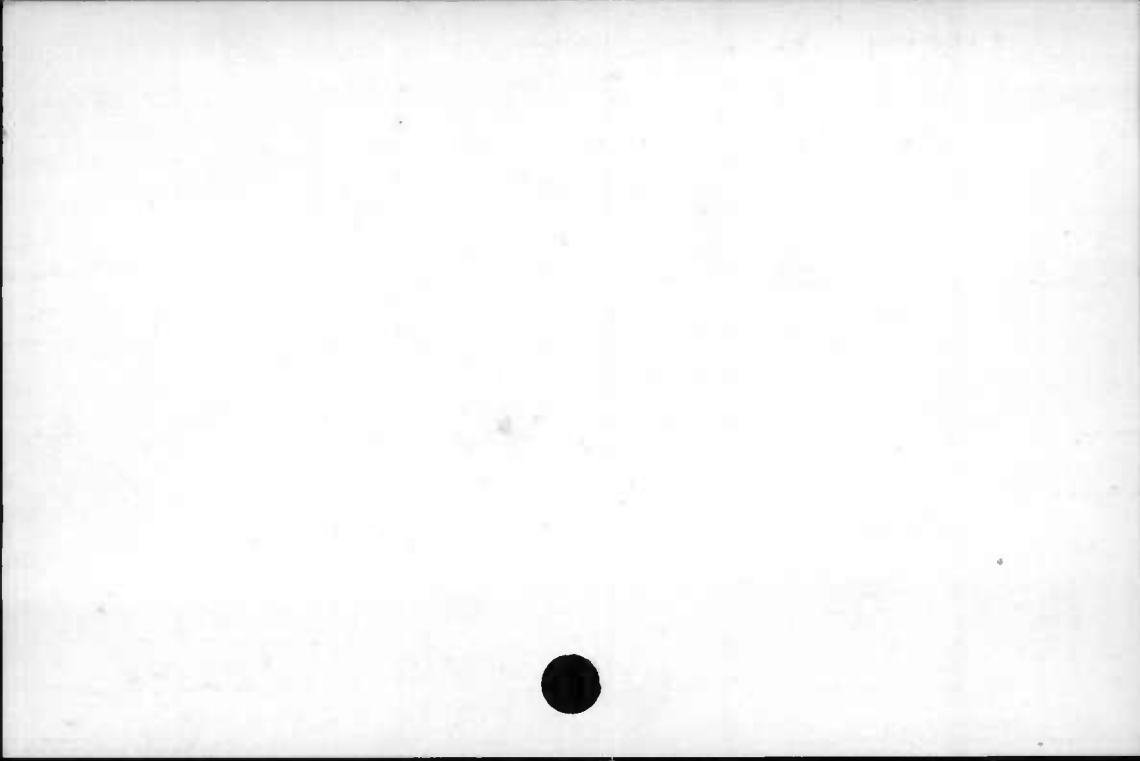
Cambridge, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Mary A. Killen				7		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cambridge ^{Town}		Dorchester ^{County}		MARYLAND		
	Date of death		1906	Month Aug.	Day 7	Age	Years 23	Months	Days
	Sex		Female		Color or Race		White		Birth- place
	Occupation		Stork		Where Residing if not at place of death		Md.		
	Married, Single or Widowed		Married		Name of Wife or Husband		George E. Killen		
	Father's Name				Father's Birthplace				
	Mother's Maiden Name				Mother's Birthplace				
Name of person giving In formation		George E. Killen		How related to deceased		Husband.			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Typhoid Fever.				How long		
	Immediate		Exhaustion				How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E. E. Wolff		
					Address		Cambridge, Md.		
Accident or Suicide?									



Name
in
Full

Henry S. Sealand

18

CERTIFICATE OF DEATH

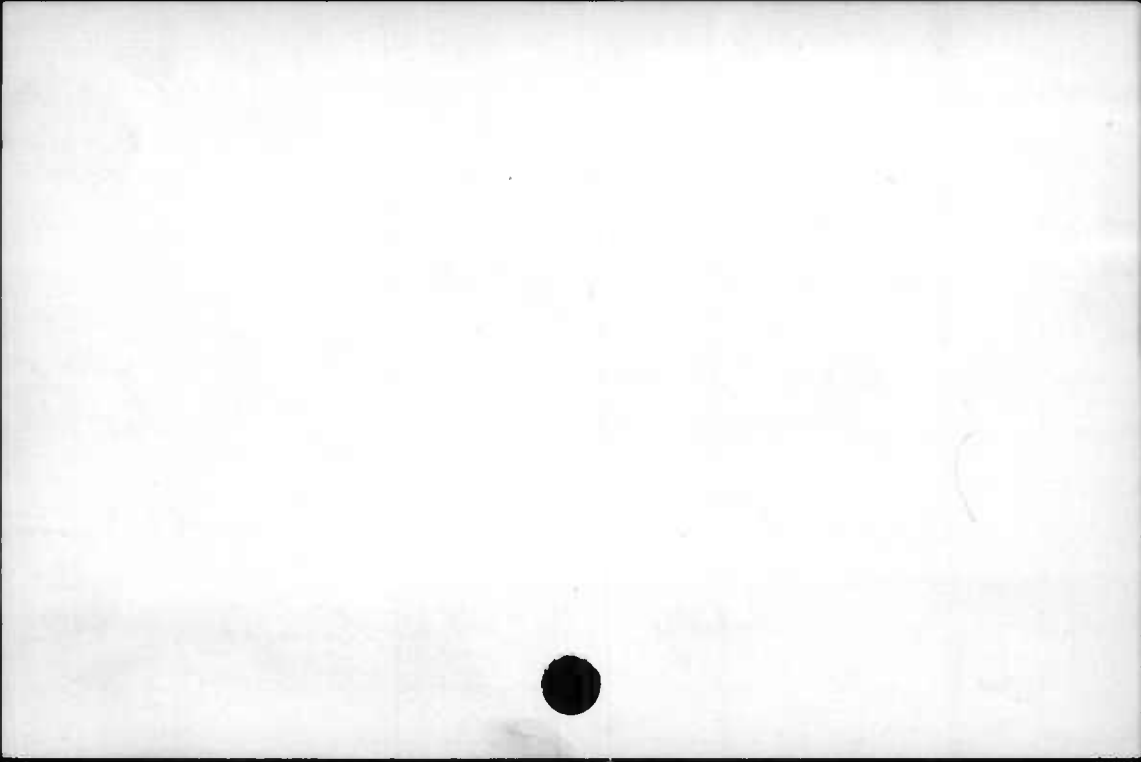
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		1906	Month Aug	Day 20	Age	Years	Months 5
Sex Male		Color or Race White		Birth-place Cambridge, Md			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Henry Sealand		Father's Birthplace Dorchester, Md					
Mother's Maiden Name Mary Virginia Stenatt		Mother's Birthplace " " "					
Name of person giving information Mr Henry Sealand		How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	3 weeks.
Immediate	Echlaina	How long	After 4 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. G. L. G. G. G. G.	
		Address Cambridge, Md	
Accident or Suicide?			



Name
in
Full

Annie Lee

CERTIFICATE OF DEATH

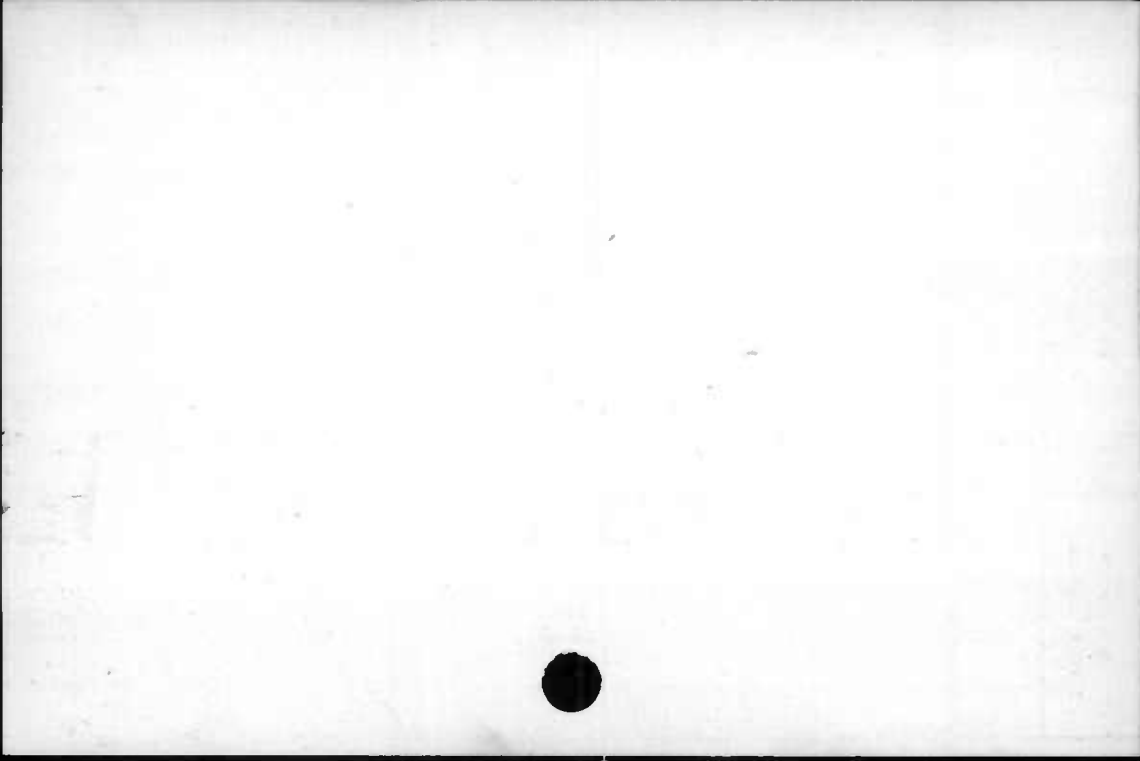
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near</i> <i>Matton</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>August</i> <small>Month</small>	<i>21st</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>about 8</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Col.</i>		Birth-place <i>Dr. Co. Md.</i>		
Occupation <i>Infant</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>Infant</i>			
Father's Name <i>Jermiah Lee</i>			Father's Birthplace <i>Dr. Co. Md.</i>		
Mother's Maiden Name <i>Mary G. Brown</i>			Mother's Birthplace <i>Dr. Co. Md.</i>		
Name of person giving information <i>Jermiah Lee</i>			How related to deceased <i>Father</i>		

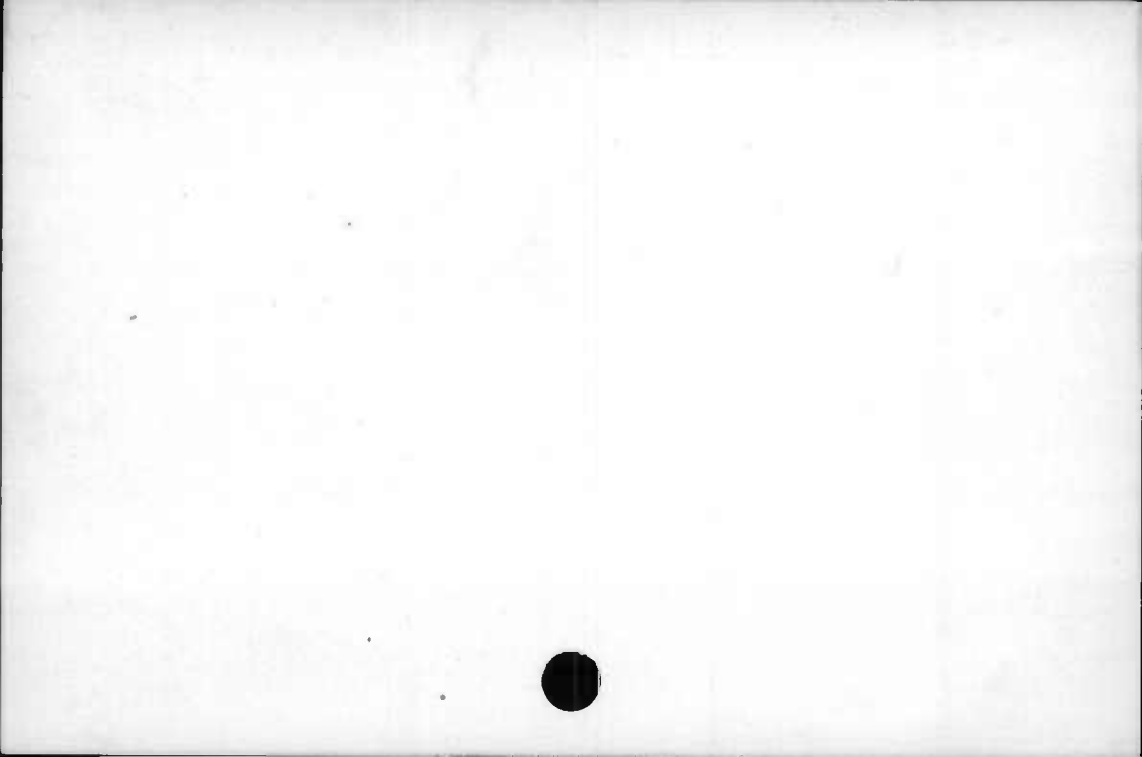
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteritis</i>	<i>105</i>	How long <i>about 2 months</i>
Immediate <i>Don't know</i>		How long <i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>	Signature of Physician <i>R. L. Smith</i>	Address <i>Church Creek, Md.</i>
Accident or Suicide?		



Name in Full		CERTIFICATE OF DEATH			
Susan E. McKnet		Died at <u>Middleton</u> ^{Town}		<u>Orchester</u> ^{County}	
		MAYLAND			
Date of death <u>1904</u>		Month <u>aug</u>	Day <u>20</u>	Years <u>61</u>	Months <u>8</u> Days <u>5</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Or. Co. Ind.</u>			
Occupation <u>House wife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Jos. E. McKnet</u>				
Father's Name <u>John Vincent</u>	Father's Birthplace <u>Or. Co. Ind.</u>				
Mother's Maiden Name <u>Elizabeth A. Manning</u>	Mother's Birthplace <u>Or. Co. Ind.</u>				
Name of person giving information <u>Jos. E. McKnet</u>		How related to deceased <u>Husband</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<u>Gastric Ulcer</u>		How long	<u>1 month</u>
	Immediate	<u>Perforation</u>		How long	
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>[Signature]</u>		
			Address <u>[Redacted]</u>		
Accident or Suicide?					



Name
is
Full

Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Thomas</i> ^{Town}		<i>Orchister</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>aug</i>	Day <i>5</i>	Age <i>0</i>	Months <i>0</i>	Days <i>4</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Thomas Ind</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>Milton Marshall</i>			Father's Birthplace <i>Thomas Ind</i>		
Mother's Maiden Name <i>Lizzie E. Messick</i>			Mother's Birthplace <i>Thomas Ind</i>		
Name of person giving information _____			How related to deceased _____		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>unknown</i>	How long _____
Immediate <i>mother in advanced stage of Tuberc. pul.</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. A. Stokes</i>
	Address <i>Rt 6 # 5 Cambridge Ind</i>
Accident or Suicide? _____	



Name
in
Full

William Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cambridge		Worcester		MARYLAND	
Date of death 1906	Month Aug	Day 2	Age 64	Years 64	Months 2	Days 4	
Sex Male		Color or hair		Birth-place			
Married, Single or Widowed			Occupation Farmer				
Name of Wife or Husband			Sarah Case				
Father's Name			James Martin		Father's Birthplace Cambridge		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information			Samuel Case		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Complication	How long	Six weeks
Immediate	Exhaustion	How long	short while
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		John W. Mason	
		Address	
		Cambridge	
Accident or Suicide?		no	



Name
in
Full

Her 2. Perkins

8

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		8	7	71			
Sex	male	Color or Race	white	Birth-place	Md		
Occupation	Business Man			Where Residing if not at place of death	Cambridge		
Married, Single or Widowed	married		Name of Wife or Husband	Mrs Liden			
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information	Lynn R. Perkins				How related to deceased		
				son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Granuloma.	How long	Some months
Immediate	Hemorrhage into the Brain	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. G. L. L. L.	
Address		Cambridge, Md	
Accident or Suicide? *			



Name
in
Full

Oren Leonard Meredith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Toddsville		^{County} Harford		MARYLAND	
Date of death	1906	Month	Aug	Day	22
		Years	Age	XX	11
		Months		25	Days
Sex	Male		Color or Race	White	
Birth-place	Md				
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	—		Name of Wife or Husband		
Father's Name	Nebster W. Meredith			Father's Birthplace	Md
Mother's Maiden Name	Julia Blanche Mason			Mother's Birthplace	Md
Name of person giving information	Nebster W. Meredith			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enterocolitis	How long	7 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. A. P. Jones
		Address	Calapo, Md
Accident or Suicide?			



Name
in
Full

Sarah Milbourne


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Madison</i>		Town <i>Madison</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>August</i>	Day <i>1st</i>	Years <i>about 40</i>	Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>Col.</i>		Birth-place <i>Dr. Co. Md.</i>				
Occupation <i>Cook</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Benjamin Milbourne</i>					
Father's Name <i>Kurtz Leane</i>			Father's Birthplace <i>Dr. Co. Md.</i>				
Mother's Maiden Name <i>Jane Eunnalls</i>			Mother's Birthplace <i>Dr. Co. Md.</i>				
Name of person giving information <i>Howard Richardson</i>			How related to deceased <i>Niece</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>		How long <i>Don't know</i>
Immediate <i>Don't know</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>	Signature of Physician <i>R. L. Conithum</i>	
	Address <i>Church Creek, Md.</i>	
Accident or Suicide? <i>—</i>		



Name
in
Full

Joseph B. Mills

3

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

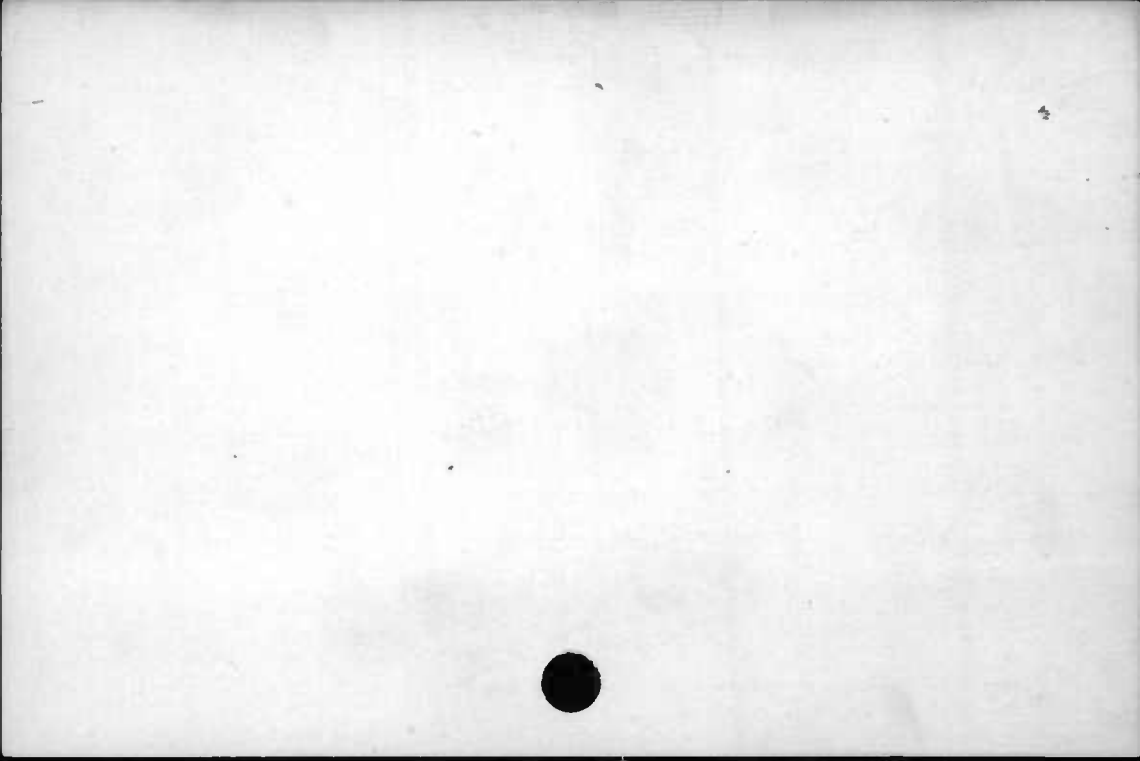
Died at		Town		County	
Date of death		Month	Day	Years	Age
190		Aug	5	56	
Sex	Male		Color or Race	White	
Occupation	Laborer		Birth-place	Maryland	
Where Residing if not at place of death					
Married, Single or Widowed	Married		Name of Wife or Husband	Janie Mills	
Father's Name	Joseph Mills		Father's Birthplace	Maryland	
Mother's Maiden Name	Elizabeth Mills		Mother's Birthplace	" "	
Name of person giving information	Janie Mills		How related to deceased	Wife	

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Nervous exhaustion & Colic		How long	Some months
Immediate	Exhaustion		How long	Some days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. W. Edwards
			Address	Cauling, Md
Accident or Suicide?				



Name
in
Full

Matilda Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Holland Ind</i>		County <i>Snicker</i>		MARYLAND	
Date of death	1906	Month	<i>Feb</i>	Day	<i>23</i>	Age	Years <i>77</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Ind.</i>		Months <i>—</i>	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James H. Price</i>					
Father's Name <i>Mr. Lewis</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Carana Lewis</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Mrs Jones</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Intestinal Indigestion</i>	How long	<i>1 yr</i>
Immediate	<i>Intestinal obstruction & exhaustion</i>	How long	<i>1 yr</i>
Are the name, age, sex, color, date and place correctly given above?		Yes <i>Yes</i>	
Signature of Physician <i>E. Gordon Tack</i>		Address <i>Holland Ind.</i>	
Accident or Suicide?		<i>Ind.</i>	



Name
In
Full

Clarence Pritchett 20

CERTIFICATE OF DEATH

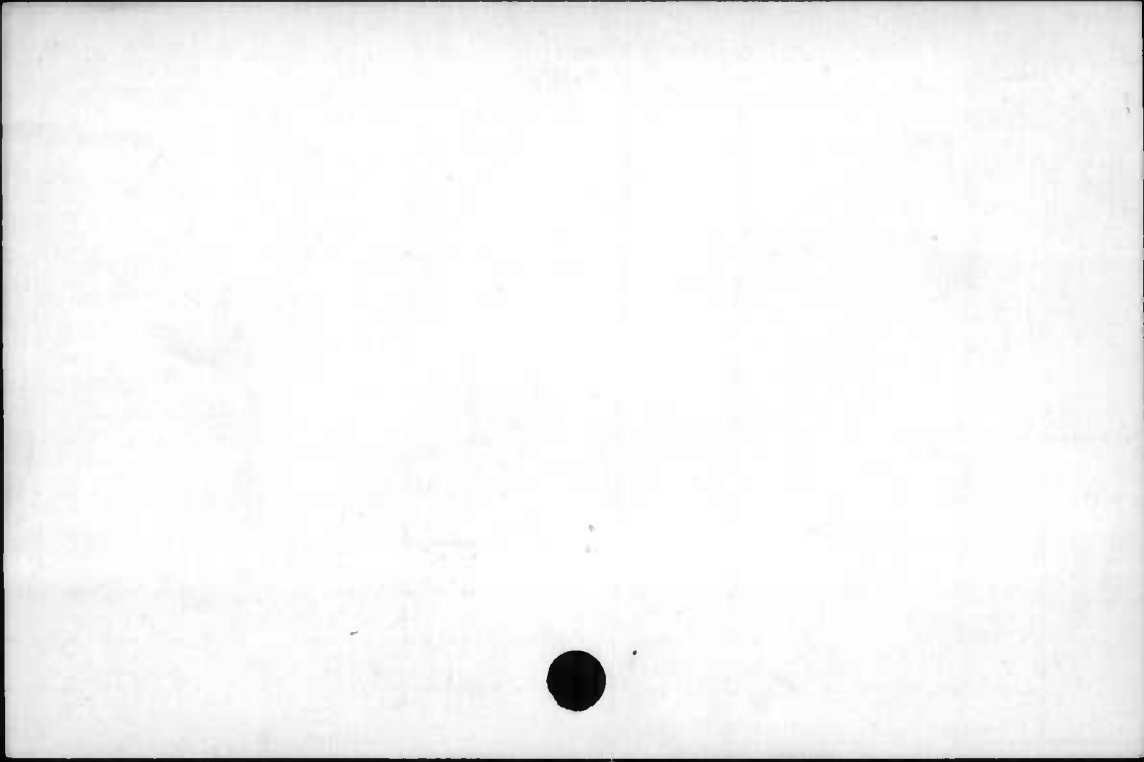
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death <u>1906</u> ^{Month}		<u>August</u> ^{Day}	<u>27th</u> ^{Age}	<u>12</u> ^{Years}	<u>10</u> ^{Months}
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Lakesville</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>Straits dist</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Wm. D. Pritchett</u>		Father's Birthplace <u>Dorchester Straits</u>			
Mother's Maiden Name <u>Annie V. Wingate</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>Wm. H. Pritchett</u>		How related to deceased <u>Grandfather</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>118</u>	How long	<u>36 hours</u>
Immediate	<u>Appendicular Peritonitis</u>	How long	<u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Wm. H. Pritchett</u>	
		Address <u>Cambridge Md.</u>	
Accident or Suicide?		<u>I was so delirious until after his death</u>	



Name
In
Full

James W. Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hurlock ^{Town} Woodstock ^{County} **MARYLAND**

Date of death 1906 ^{Month} Aug ^{Day} 1 ^{Years} 24 ^{Months} 3 ^{Days}

Sex Male Color or Race Colored Birth-place MD

Occupation Laborer Where Residing if not at place of death —

Married, Single or Widowed single Name of Wife or Husband —

Father's Name — Father's Birthplace —

Mother's Maiden Name Rebbie Robinson Mother's Birthplace MD

Name of person giving information Rebbie Robinson How related to deceased mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Indigestion 104 How long 24 hours

Immediate —

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician O. F. Maguire

Address Hurlock MD

Accident or Suicide? —



Name
in
Full

George Schleuter

5

CERTIFICATE OF DEATH

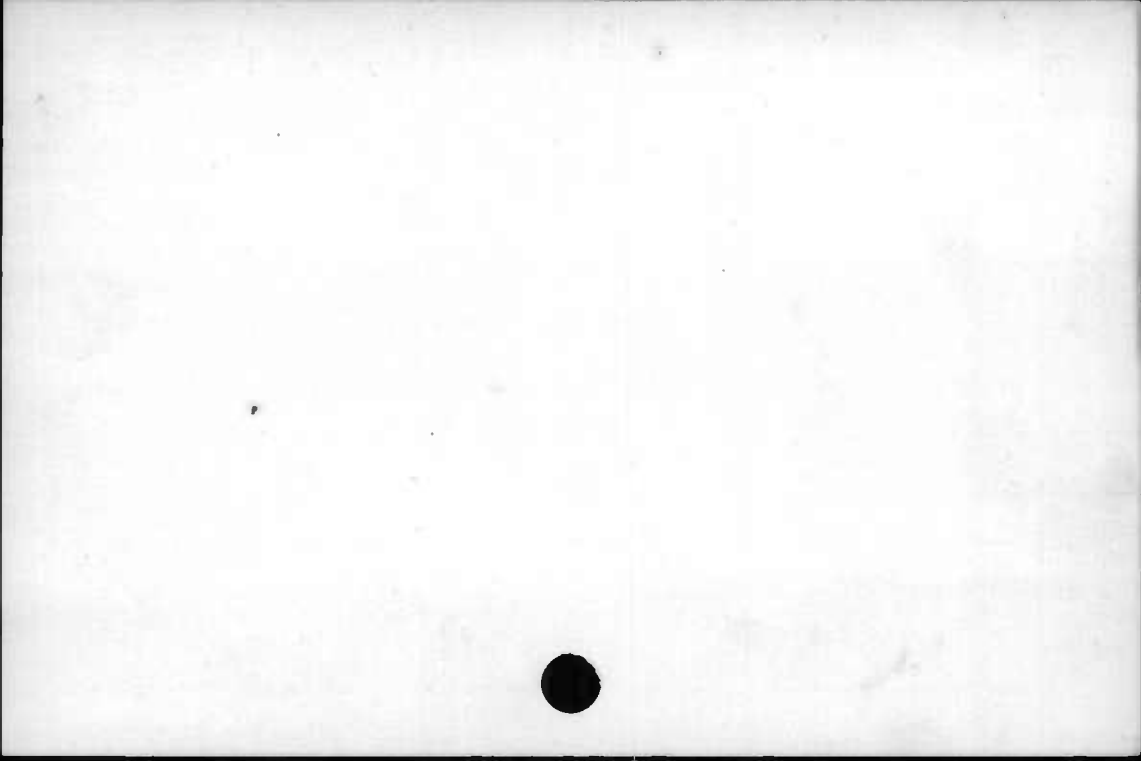
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Adkins town (new)</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug.</i>	Day <i>5-</i>	Age <i>~</i>	Months <i>5-</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>md.</i>		
Occupation <i>child</i>			Where Residing If not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Wm F. Schleuter</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Viola Peters</i>			Mother's Birthplace <i>Wis.</i>		
Name of person giving information <i>Wm F. Schleuter</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	<i>105</i> How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. E. Webb</i>
		Address <i>Cambridge, Md.</i>
Accident or Suicide?		



Name
in
Full

Cassie Seward

CERTIFICATE OF DEATH

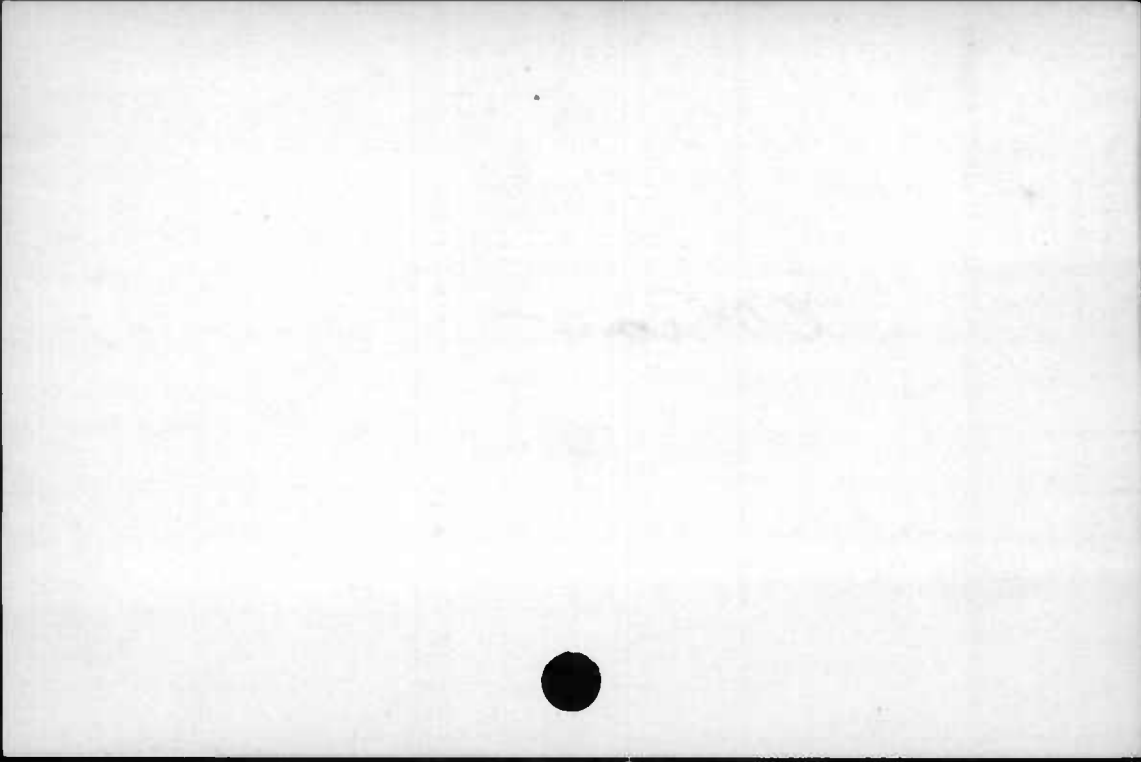
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Thomas</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>3</i>	Age <i>74</i> <small>Years</small>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband				
Father's Name <i>Jas L Wright</i>	Father's Birthplace <i>Box Co Md</i>				
Mother's Maiden Name <i>Margaret Thomas</i>	Mother's Birthplace <i>"</i>				
Name of person giving information	(19)			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tubercular heart disease</i>	How long
Immediate <i>Anasarca</i>	How long <i>3 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S A Stokes</i>
	Address <i>R 76 # 5 Cambridge Md</i>
Accident or Suicide?	



Name
in
Full

Peter Shorter

13

CERTIFICATE OF DEATH

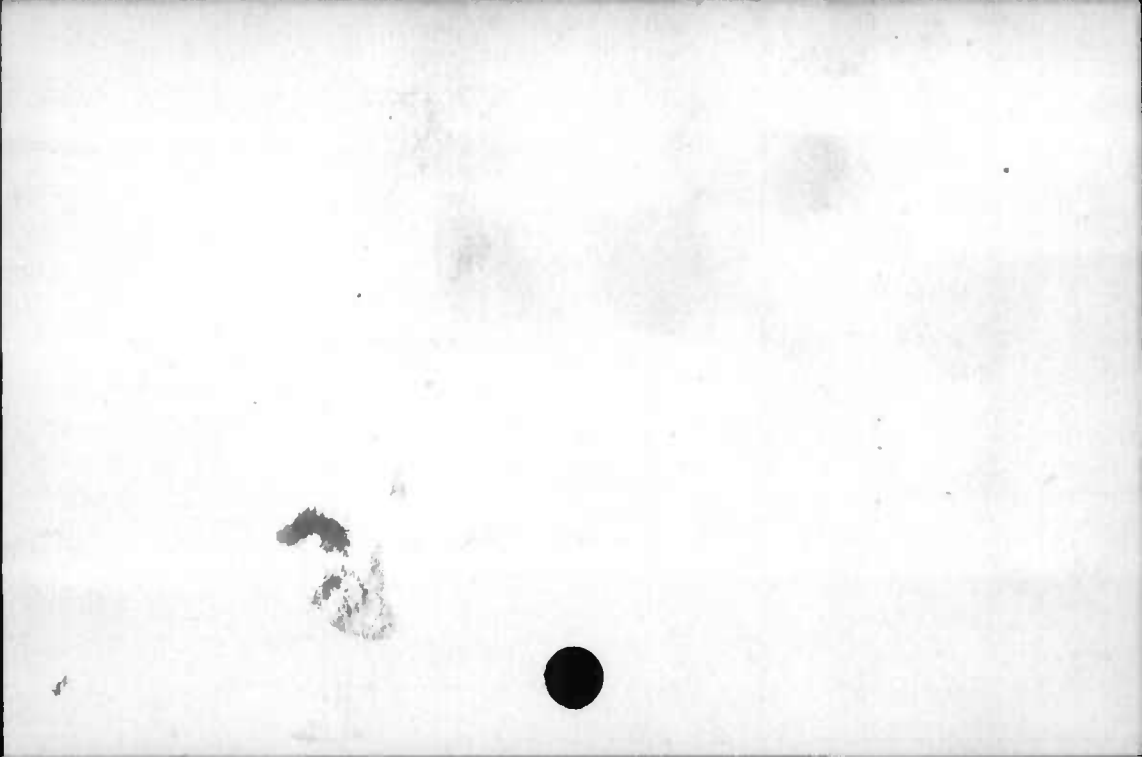
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Seward's		County Dorchester		MARYLAND	
Date of death		1906	Month Aug.	Day 14	Years 32	Months —	Days —
Sex	Male		Color or Race	White		Birth- place	Maryland
Occupation	Farmer			Where Residing if not at place of death		Seward's	
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Joseph Shorter					Father's Birthplace	Maryland
Mother's Maiden Name	Shorter					Mother's Birthplace	"
Name of person giving In formation	Jared Shorter					How related to deceased	Cousin

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever		How long	4 weeks
Immediate	Suppressed Neurotoxin		How long	short while
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	John Moore
			Address	Countdown
Accident or Suicide?				



Name in Full <i>H H Slavin</i>		County <i>D</i>		CERTIFICATE OF DEATH	
Town <i>Bachman Head</i>		MAYLAND			
Died at		Date of death		Age	
<i>1906</i>		<i>Aug 11</i>		<i>75</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Lake</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>" "</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Catherine</i>			
Father's Name <i>G G Slavin</i>		Father's Birthplace <i>" "</i>			
Mother's Maiden Name <i>M A Slavin</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>G G Slavin</i>		How related to deceased <i>Son</i>			
CAUSES OF DEATH					
Primary <i>A J. Kuman</i>		How long <i>154</i>			
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>(Signature)</i>			
		Address <i>(Signature)</i>			
Accident or Suicide?					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mary Spicer

21

CERTIFICATE OF DEATH

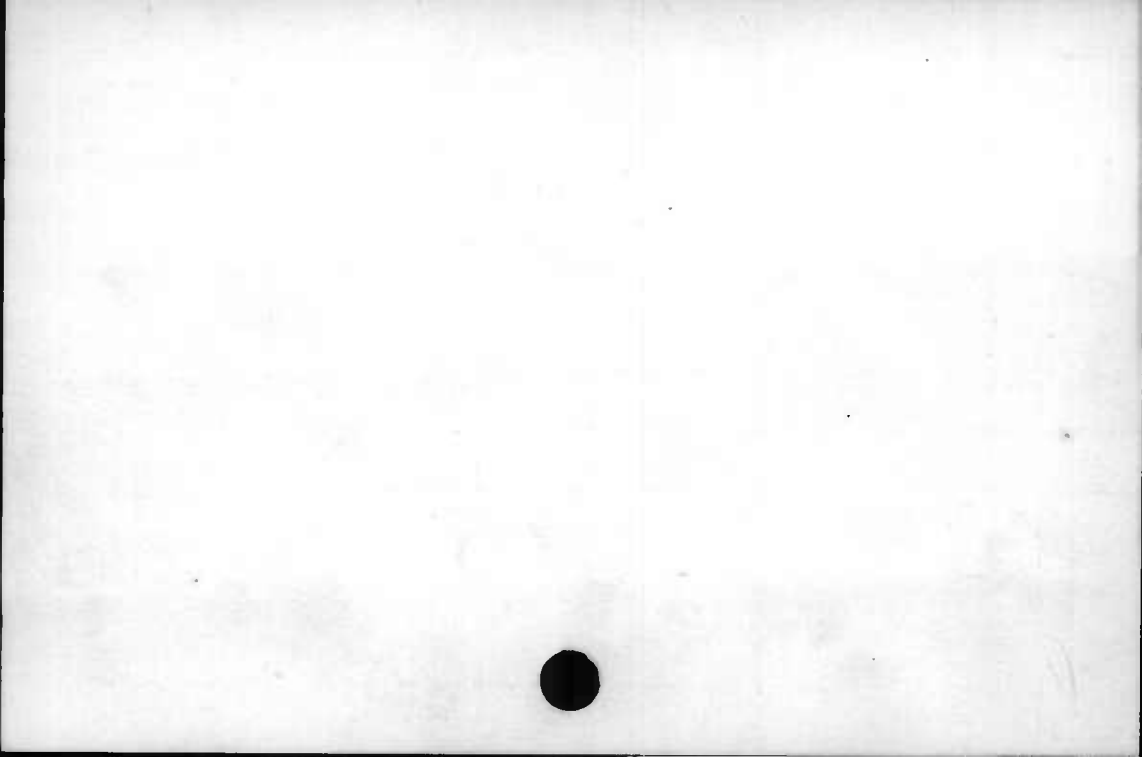
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge.</u>		County <u>Dorchester</u>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	Aug	26	35		
Sex	Color or Race		Birthplace		
Female			Bucktown		
Occupation	Where Residing if not at place of death				
House Work	Cambridge				
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	Father's Birthplace				
Don't know	Don't know				
Mother's Maiden Name	Mother's Birthplace				
Amy Spicer	Bucktown				
Name of person giving information	How related to deceased				
Leona Bannum	non				

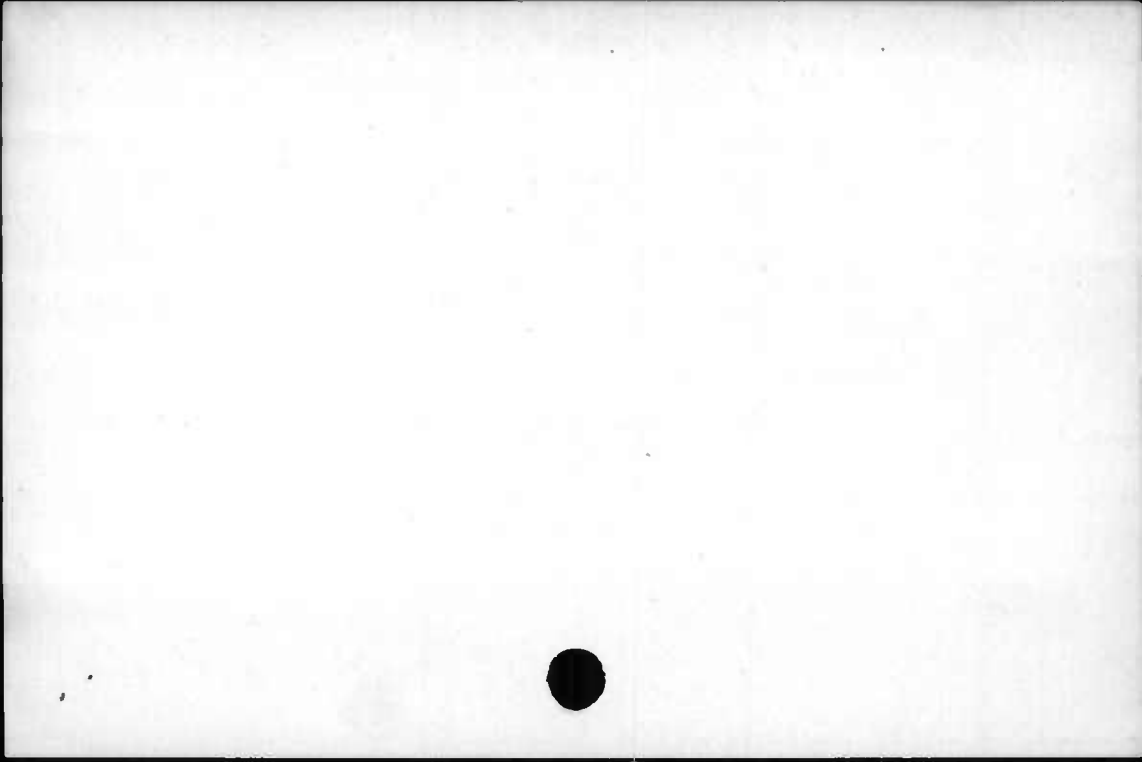
CAUSES OF DEATH

PHYSICIAN
OR CORONER

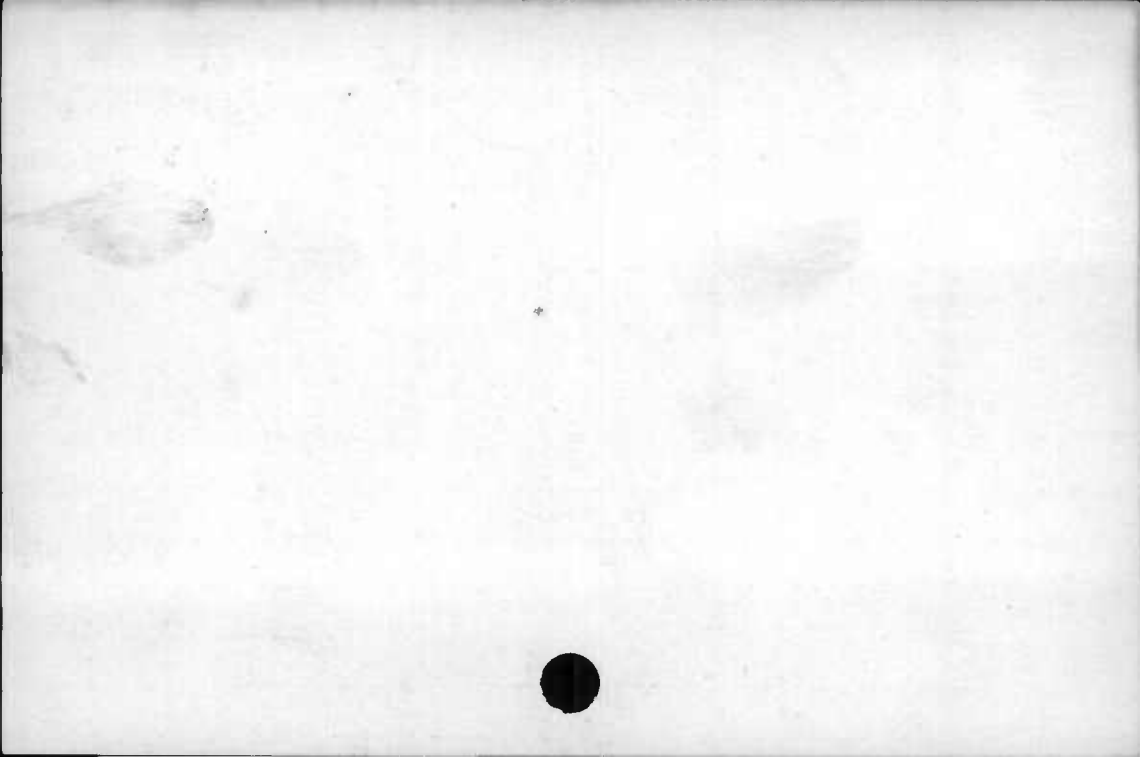
Primary	How long
Nephritis	120
Immediate	How long
Don't know as only saw her once	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes for as I know	E. E. Walz
	Address
	Cambridge, Md
Accident or Suicide?	



Name In Full		Mrs Mary E. Stewart				11		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		Cambridge	County		Inchester		MARYLAND					
		Date of death		1906	Month	Aug	Day	14	Age	35	Months	4	Days	25
		Sex		Female		Color or Race		White		Birth-place		On. Co. Md.		
		Occupation		Housewife		Where Residing if not at place of death								
		Married, Single or Widowed		Married		Name of Wife or Husband		Chas. Stewart						
		Father's Name		Clement Hurley					Father's Birthplace		Del.			
Mother's Maiden Name		Emeline Callender					Mother's Birthplace		On. Co. Md.					
Name of person giving information		Chas Stewart					How related to deceased		Husband					
CAUSES OF DEATH														
PHYSICIAN OR CORONER		Primary		Tuberculosis Pulmonary + Scurvy					How long		18 Months.			
		Immediate		Gradual exhaustion					How long		—			
		Are the name, age, sex, color, date and place correctly given above?					Signature of Physician		Guy Stule					
							Address		Cambridge Md.					
		Accident or Suicide?												



Name in Full <i>Glenwood Townsend</i>		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>E. N. Market</i> ^{Town}		<i>Dorchester</i> ^{County}	
	Date of death <i>1906 Aug 14</i>		Age <i>2</i>	
	Month <i>Aug</i>		Days <i>16</i>	
	Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Dor Co. Md</i>	
	Occupation <i>none</i>	Where Residing if not at place of death <i>E. N. Market, Md.</i>		
	Married, Single or Widowed _____	Name of Wife or Husband _____		
FATHER'S NAME	<i>Dorset Known</i>		Father's Birthplace <i>Dorset Known</i>	
	Mother's Maiden Name <i>Lillianah Bauman</i>		Mother's Birthplace <i>Dor Co. Md</i>	
	Name of person giving information <i>Mrs. Lillianah Bauman</i>		How related to deceased <i>Mother</i>	
	CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Bowel complaint</i>	How long <i>one week</i>	<i>100</i>	
	Immediate <i>acute ill Colitis</i>	How long <i>2 days</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Edward L. Jones</i>	
			Address <i>E. N. Market, Md.</i>	
Accident or Suicide? _____				



Name
is
Full

Isaac G. Townsend

9

CERTIFICATE OF DEATH

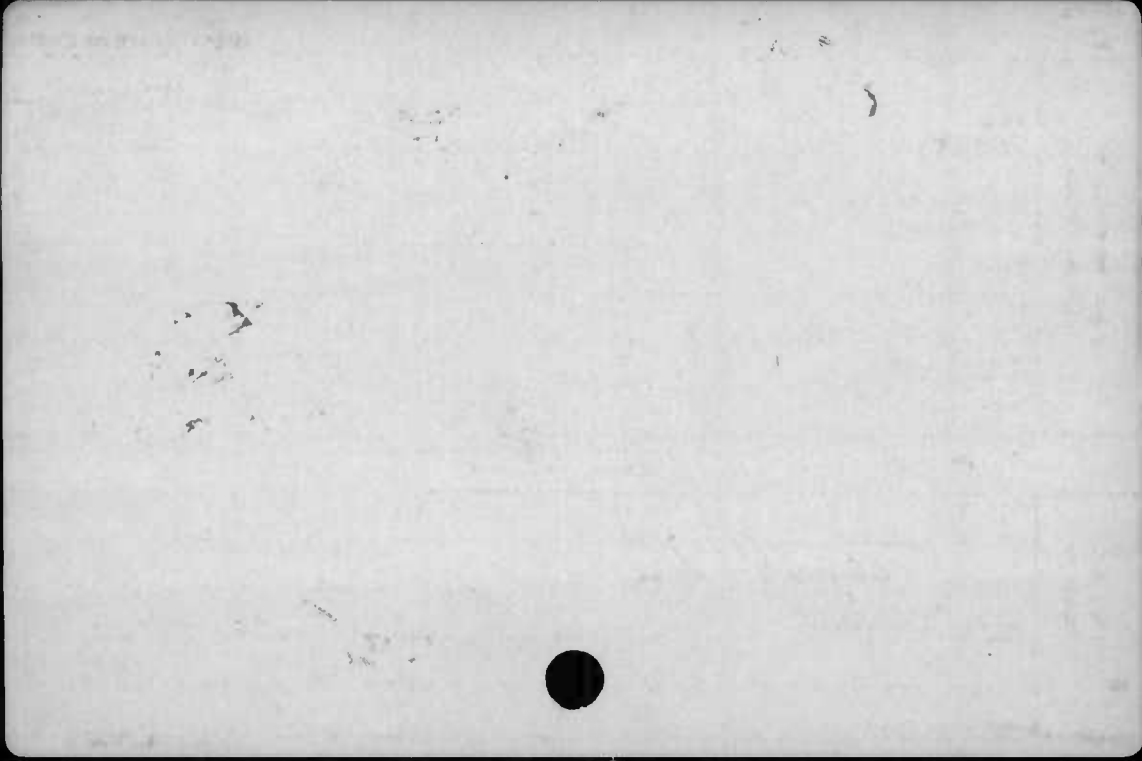
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Combedge</i>		Town <i>Archers</i>		County <i>Th</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>11</i>	Age <i>abt 65</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>don't know</i>				
Occupation <i>labour</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed			Name of Wife or Husband <i>don't know</i>				
Father's Name <i>don't know</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>don't know</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>in one</i>				How related to deceased <i>—</i>			

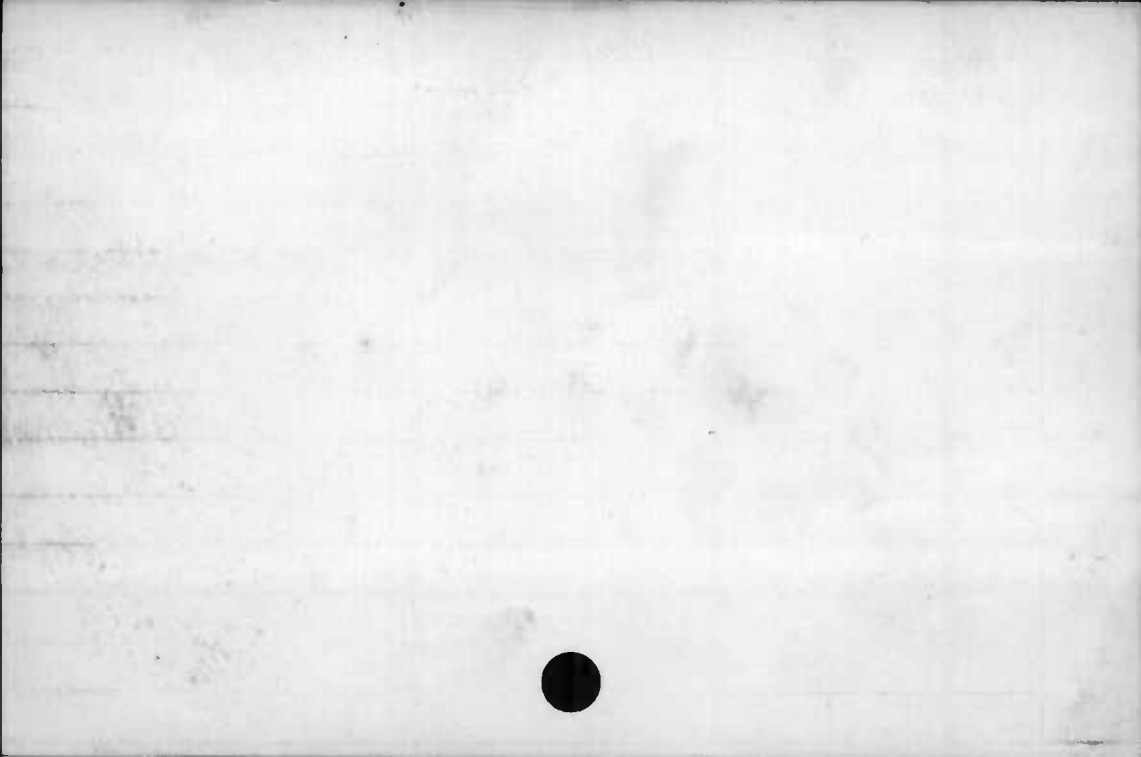
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>don't know</i>
Immediate <i>don't know</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>John Moses</i>
	Address <i>Combedge Md</i>
Accident or Suicide?	



Name in Full		4				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND		
	Date of death 190 <i>6</i>	Month <i>Aug</i>	Day <i>3</i>	Age <i>58</i>	Months	Days	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
	Married, Single or Widowed <i>Single</i>		Occupation <i>Farmer</i>				
	Name of Wife or Husband						
	Father's Name <i>George Ward</i>			Father's Birthplace <i>Maryland</i>			
	Mother's Maiden Name <i>Eliizabeth Ward</i>			Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mr Jos. Sauerhoff</i>			How related to deceased <i>Cousin</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Apoplexy</i>			How long <i>3 weeks</i>			
	Immediate <i>meningitis</i>			How long <i>few days</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>John Mace</i>			
				Address <i>Cambridge Md</i>			
	Accident or Suicide? <i>Willis</i>						



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

John Emery Whittington		15		County		Dorchester		MARYLAND	
Died at		Cordtown		Town		Cambridge		Dorchester	
Date of death		1906		May		18		Age 24	
Sex		Male		Color or Race		colored		Birthplace Cambridge	
Occupation		Laborer		Where Residing If not at place of death		home			
Married, Single or Widowed		Name of Wife or Husband		Lena Whittington					
Father's Name		Thos. H. Whittington		Father's Birthplace		Cambridge			
Mother's Maiden Name		Susan Ann Whittington		Mother's Birthplace					
Name of person giving information		Jos. H. Roberts		How related to deceased		neighbor		not at all	

CAUSES OF DEATH

Primary	Tuberculosis	How long	don't know
Immediate	Exhaustion	How long	

Are the name, age, sex, color, date and place correctly given above?

yes

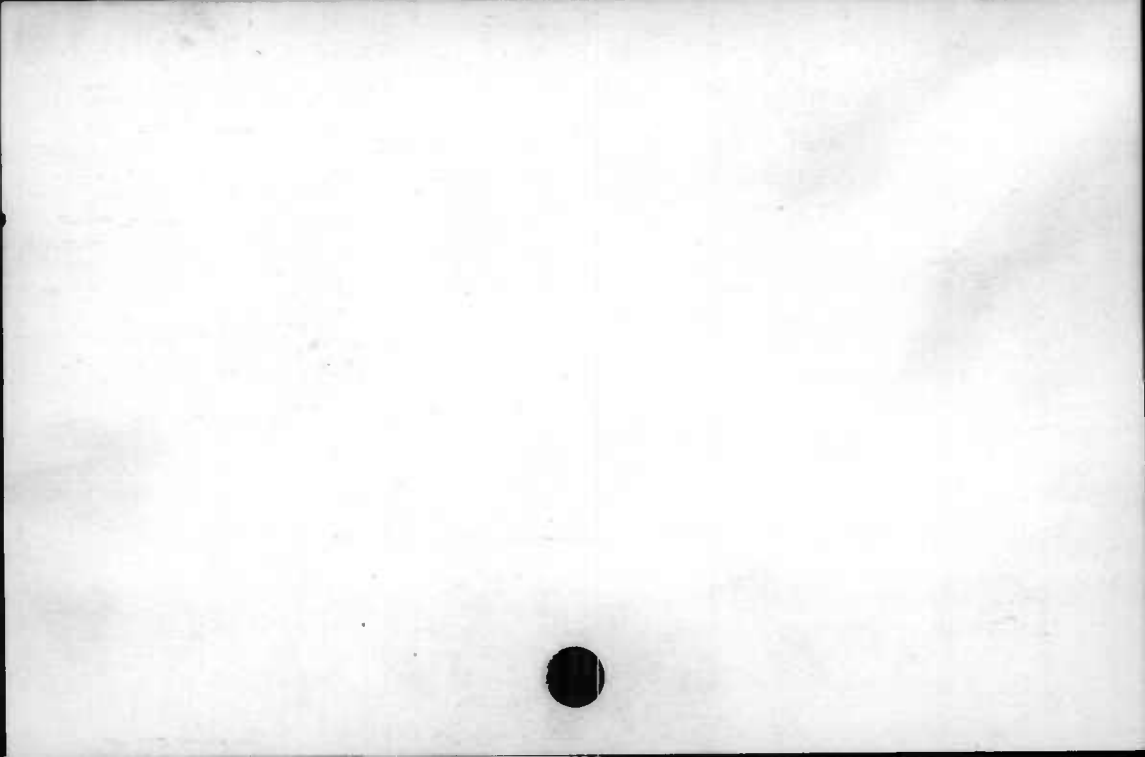
Signature of Physician

Address

E. E. Wolff

Cambridge, Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

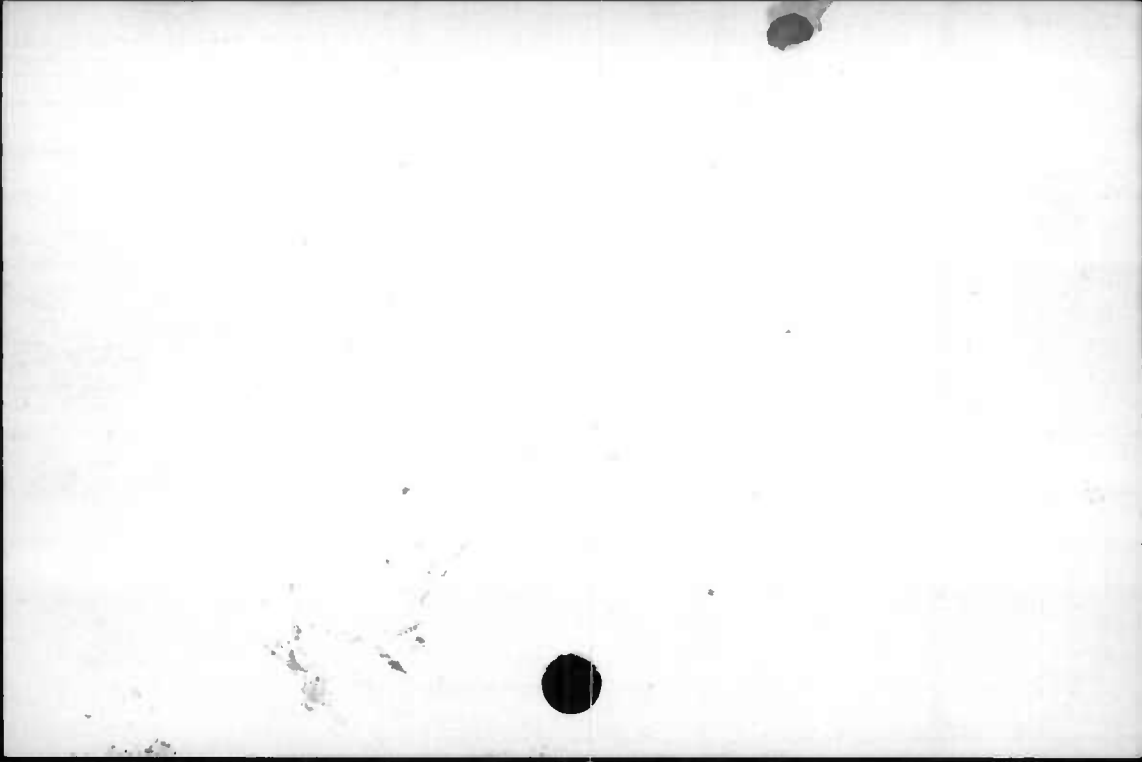
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lindwood</i> Town		<i>Wildt</i> County		MARYLAND	
Date of death <i>1906 Aug</i>	Month <i>Aug</i>	Day <i>25th</i>	Age <i>num</i>	Years <i>num</i>	Months <i>10</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Baltimore</i>		Days <i>20</i>	
Occupation <i>num</i>		Where Residing if not at place of death <i>Baltimore</i>			
Married, Single or Widowed <i>num</i>		Name of Wife or Husband <i>num</i>			
Father's Name <i>Charles H. Wiest</i>		Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Mary L. Wildt</i>		Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Charles H. Wiest</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cold's Infantile</i>	How long <i>105</i>	How long <i>10 days</i>
Immediate <i>num</i>	How long <i>num</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. M. Vincent</i>	
	Address <i>Lindwood</i>	
	<i>Box 2</i>	<i>MD</i>
Accident or Suicide?		



Name
in
Full

Laura J. Miley

12

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Caulbrook ^{Town} Dorchester ^{County} MARYLAND

Date of death 1906 Aug 14 ^{Month} 14 ^{Day} 31 ^{Years} 31 ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Dorchester Md

Occupation House wife Where Residing if not at place of death

Married, ~~Single~~ or Widowed Name of Wife or Husband Raymond L Miley

Father's Name Lamar & North Father's Birthplace Maryland

Mother's Maiden Name Lizzie Stewart Mother's Birthplace 11

Name of person giving information R. L. Miley How related to deceased He band

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Influenza Sept

Immediate E. Laubach

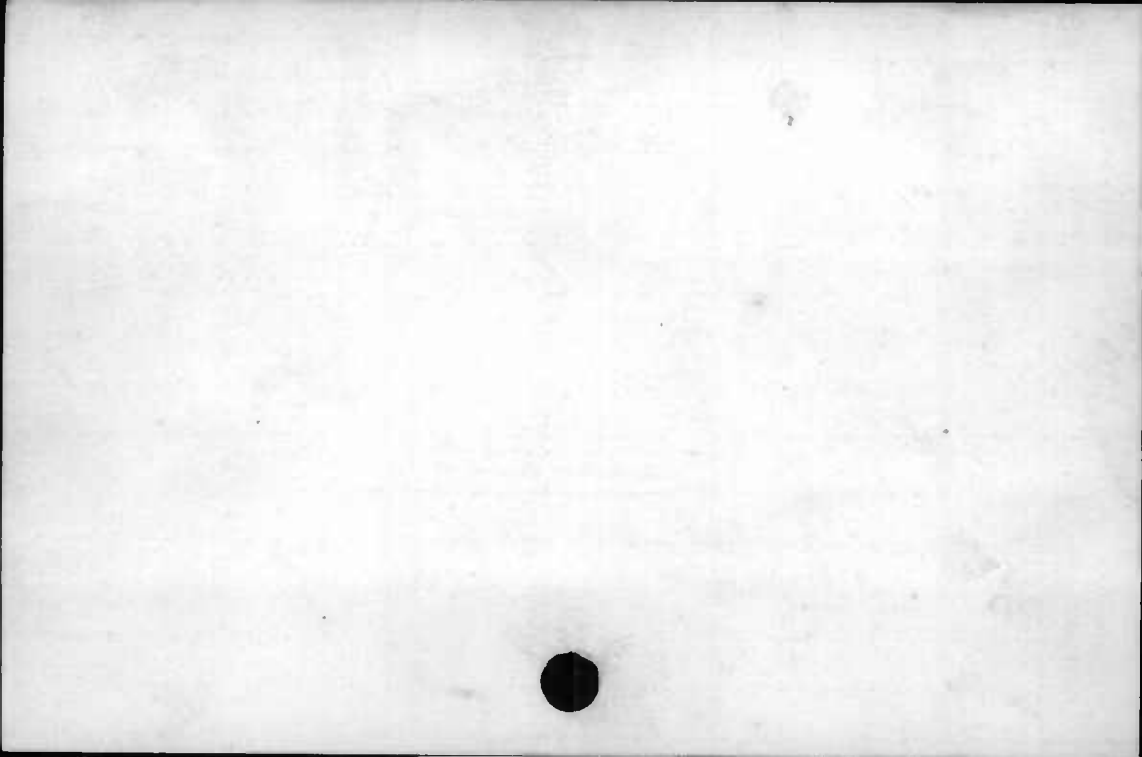


How long 3 weeks

How long Some days

Are the name, age, sex, color, date and place correctly given above? YesSignature of Physician D. W. S. BrownAddress Caulbrook Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

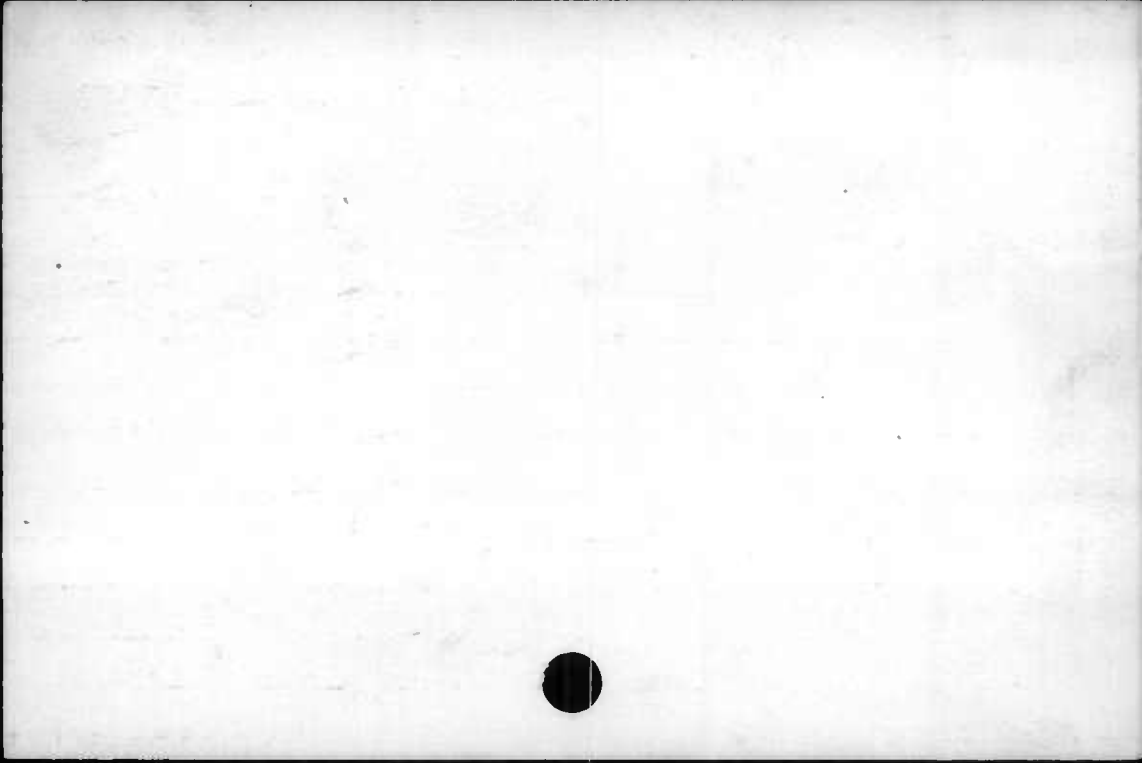
MARYLAND

Died at <u>Cauldnap</u> ^{Town}		<u>Triley</u> ^{County}		<u>22</u>	
Date of death <u>1906</u> ^{Month}		<u>Aug</u> ^{Day}		<u>28</u> ^{Age}	
Sex <u>male</u>		Color or Race <u>White</u>		Birth-place <u>Cauldnap</u>	
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <u>Raymond W. W. W.</u>			Father's Birthplace <u>Delaware</u>		
Mother's Maiden Name <u>Laura W. W.</u>			Mother's Birthplace <u>Dorchester</u>		
Name of person giving information <u>Father Raymond W. W.</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Gastro-Intestinal Catarrh</u>	How long	<u>Since birth</u>
Immediate	<u>Sp. Launton</u>	How long	<u>Some days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Dr. E. A. Brown</u>	
		Address <u>Cauldnap</u>	
Accident or Suicide? _____			



Name

in
Full

Infant Miller

1

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1906	Month	Aug.	Day	2	Age	16
Sex	Male		Color or Race	White		Birth-place	Maryland
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Perinatal birth	How long	—
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Moore
yes		Address	Coulb. N.Y.
Accident or Suicide?			



Name
in
Full

Infant-

Milly

6

CERTIFICATE OF DEATH

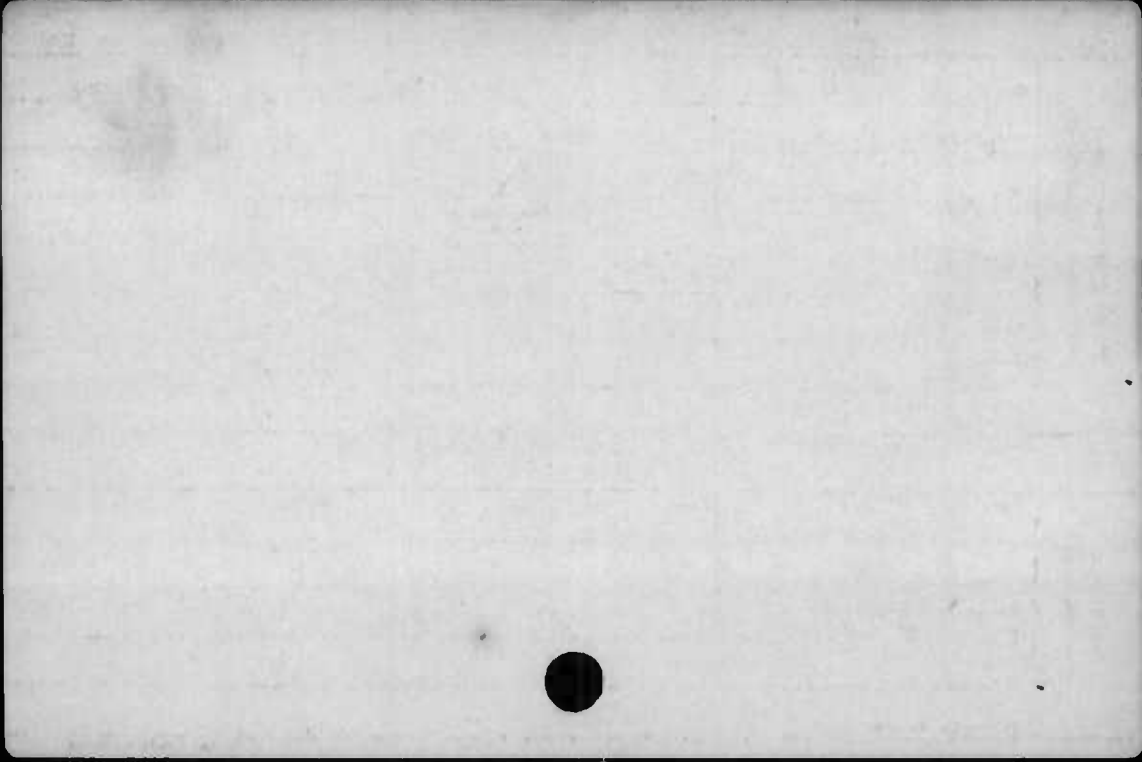
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtoga</i>		Town <i>Cumtoga</i>		County <i>Barth</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>7</i>	Age <i>four days</i>	Years	Months	Days	
Sex	Color or Race		Birth-place				
Occupation <i>Boy</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Hamelin O. Givley</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Edith Louise</i>	Mother's Birthplace <i>Ind</i>						
Name of person giving information <i>Mrs. Wiley</i>	How related to deceased <i>mother</i>						

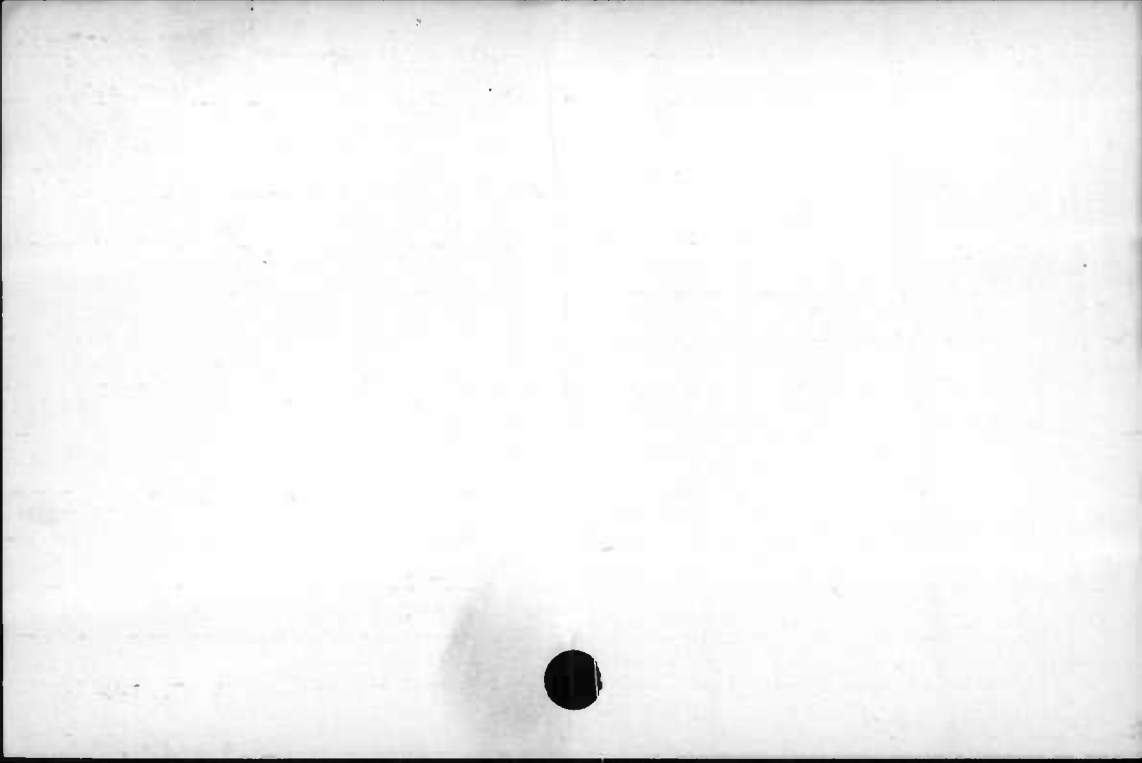
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Immature birth</i>	How long <i>151</i>
Immediate <i>Strvator</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Moore</i>
	Address <i>Cumtoga Md</i>
Accident or Suicide?	



Name in Full		Francis Kittel				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Lutknood		County		Sanchester	
							MARYLAND	
	Date	Month	Day	Age	Years	Months	Days	
	of death	1906	8-	22-	X	10		
	Sex	Female		Color or Race	White		Birth- place	Baltimore
	Occupation	None		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband					
PHYSICIAN OR CORONER	Father's Name		Charles Kittel			Father's Birthplace		Baltimore
	Mother's Maiden Name		Mary Miller			Mother's Birthplace		Balto, Md
	Name of person giving In formation		Grand Mother Mary Miller			How related to deceased		Grand Mother
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Cholera Infantum			How long		2 weeks
	Immediate					How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician		A. Sayers
	This little patient had been sick 10 days when I was called to					Address		E. Monument Md
	Accident or Suicide?		See it					



Name
In
Full

Nellie Minorsky

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cambridge* Town*Worcester* CountyDate of death *1906* Month *Aug.*Day *21*Age *11* YearsMonths *6*Days *17*Sex *Female*Color or Race *Colored*Birth-place *Washington D.C.*Occupation *—*

Where Residing if not at place of death

*Washington D.C.*Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Grant Minorsky*Father's Birthplace *Washington D.C.*Mother's Maiden Name *Josephine Lewis*Mother's Birthplace *Cambridge Md.*Name of person giving information *Alice Lewis*How related to deceased *Aunt.*

CAUSES OF DEATH

Primary *Syphilitic fever*How long *1 Month*Immediate *Heart failure*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

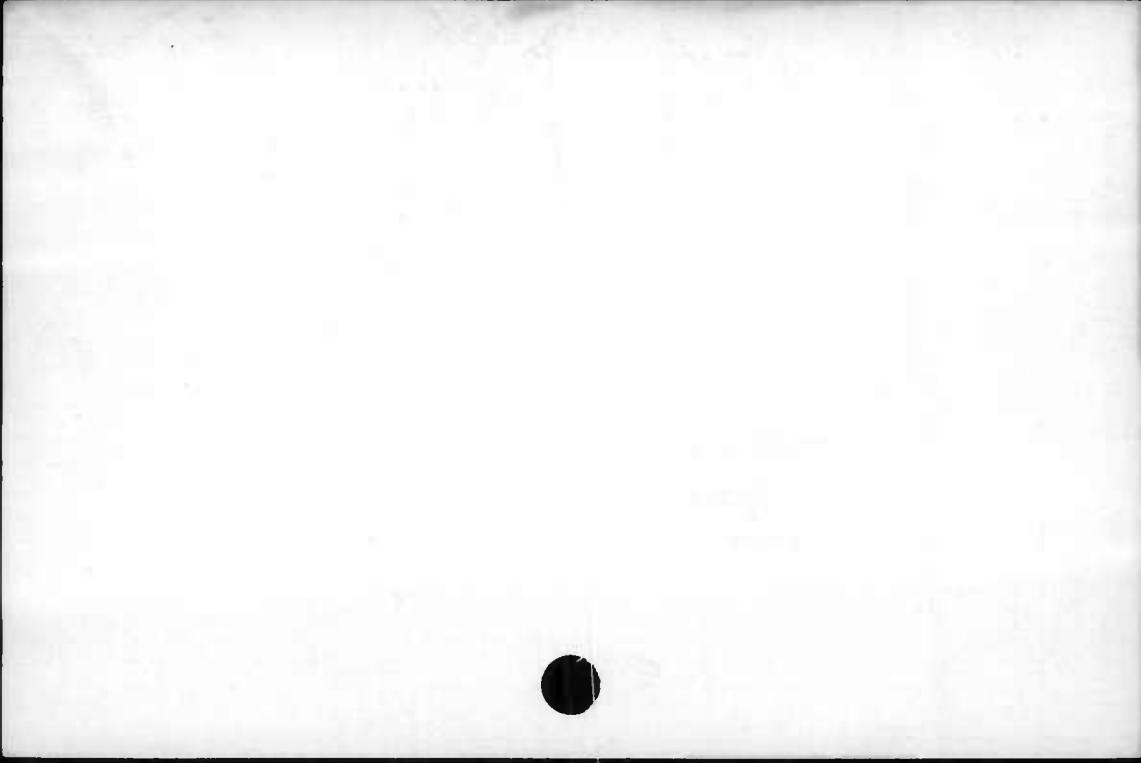
Address

Wm. Steele
Cambridge Md.

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Bedfordville</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND
	Date of death <i>1906</i> ^{Month} <i>Aug</i> ^{Day} <i>22</i> ^{Years} <i>1</i> ^{Months} <i>3</i> ^{Days} <i>16</i>				
	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>		
	Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>			
	Father's Name <i>Walter W. Anderson</i>	Father's Birthplace <i>Ind</i>			
	Mother's Maiden Name <i>Olivia Mills</i>	Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Walter W. Anderson</i>	How related to deceased <i>Father</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Enterocolitis</i>	<i>105</i>		How long <i>7 days</i>	
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. A. P. Jones</i>	Address <i>Lenox Ind</i>		
	Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Lloyds* ^{County} *Beachster*Date of death 1906 ^{Month} *Aug* ^{Day} *1* ^{Years} *20* ^{Months} *20* ^{Days}Sex *male* Color or Race *negro* Birth-place *Lloyds*Occupation *laborer* While Residing If not at place of deathMarried, Single or Widowed *Single* Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

Typhoid fever

How long

2 weeks

Immediate

Perforation - collapse

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

S A Stokes

Address

Rt 5 Cambridge
md

Accident or Suicide?



Name
in
Full

Mary E. Winters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		1906	Month Aug	Day 4	Age 42	Months —	Days —
Sex	Female		Color or Race	Black		Birth-place	Maryland
Occupation	House wife			Where Residing if not at place of death Cambridge			
Married, Single or Widowed	Married		Name of Wife or Husband Thos H. Winters				
Father's Name	Joseph Matthews					Father's Birthplace	Maryland
Mother's Maiden Name	Francis Kilson					Mother's Birthplace	Maryland
Name of person giving information	Thos H. Winters					How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Sepsaemia	How long	20 Some days
Immediate	Convulsions & exhaustion	How long	Several days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	B. M. Solonborough
		Address	Cambridge Md.
Accident or Suicide?			

